TEACHERS COLLEGE
COLUMBIA UNIVERSITY
OFFICE OF THE REGISTRAR
BOX 311

FERPA RELEASE FORM

Student's Name: _____

Student UNI: _____

Student Telephone Number: _____

Student Email Address: _____

I hereby authorize the Office of the Registrar to discuss information regarding my student records to:

Disclose to – Name: _____

Relationship to Student: _____

Contact Telephone Number: _____

Email Address: _____

For what purpose: _____

_____

_____

_____ _____
Student Signature (physical/wet signature required) Date

This release, unless revoked by me in writing, shall be effective until: _____
Date

525 WEST 120TH STREET • NEW YORK, NY • 10027
PHONE: 212-678-4050