

**LONG ISLAND UNIVERSITY- C.W. POST
PRIVACY OF STUDENT RECORDS
SINGLE INSTANCE RELEASE FORM**



In this day and age, privacy of personal information is paramount on the minds of many private citizens. Long Island University – C.W. Post takes the protection of the student and their records **VERY** seriously, and, therefore, will go above and beyond the law, if necessary, in order to serve the student’s best interest.

The Federal Education Rights and Privacy Act of 1974 (FERPA) allows the release of “Directory Information” without the student’s prior consent. This includes dates of attendance, major field of study, weight and height of members of athletic teams, degrees and awards received, and educational institutions attended. **A student may request that ALL information be considered private and therefore not released to anyone.** They would do this in written form to the Registrar’s Office.

With regard to parental access to a student’s file: The *Guidelines for Postsecondary Institutions for Implementation of the Family Educational Rights and Privacy Act of 1974 as Amended-Revised Edition 1995* states: “At the postsecondary level, parents have no inherent rights to inspect a student’s education records. The right to inspect is limited solely to the student.” Records **MAY** be released only through express written permission by the student or in compliance with a subpoena.

If a parent/guardian/spouse or other person wishes to gain access to a student’s records by obtaining written request, they may use the form provided below.

Photo identification must be provided by any person requesting access to a student’s records.

**LONG ISLAND UNIVERSITY- C.W. POST
RELEASE OF INFORMATION FORM**

I, _____, SSN: ____/____/_____, request that any and all information in my
(US Social Security Number or PBCC Student ID Number)
student record be released to _____. I understand that this release is only **valid for one use** and must be resubmitted should anyone need access to my records again. You may reach me at (____) _____ (daytime phone number) if you require additional information. When I attended LIU-C.W. Post, my name was _____ (if different from above).

Student’s Signature: _____ Date: _____

Notarized by: _____ Major: _____

Student signature must be notarized.

FOR OFFICE USE ONLY

This student’s records were accessed by _____/Relation to Student _____

on the _____ day of _____ of 20____. X _____
Print Name Signature of Recipient

Student’s Signature and Recipient Credentials verified by _____ Initials