FERPA Disclosure Form

Registrar • School of Visual Arts
209 East 23rd Street, New York, NY 10010-3994
212-592-2200
registrar@sva.edu

Student Last Name | First Name | SVA ID#

Please Print

This form serves as your instructions to SVA regarding the handling of your information. Please complete items 1 and 2, sign, and date this form, indicating that you have read the following statements.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. These records include, but are not limited to, grades, financial records, and other personal information. For more information, please visit sva.edu/ferpa.

DIRECTORY INFORMATION:

"Directory Information" is not considered harmful or an invasion of privacy and can be disclosed to third-party organizations without your consent unless you request otherwise. Directory Information is defined by SVA as:

- **name, address, telephone number, email address**
- **major field of study**
- **dates of attendance**
- **enrollment status (undergraduate/graduate, full/part-time)**
- **degree(s) conferred (including dates)**

PLEASE CHECK ONE ☐ **RELEASE** ☐ **DO NOT RELEASE**

PLEASE NOTE: If you choose to elect the "Do Not Release" option, Directory Information will be withheld from a variety of sources, including relatives, insurance agencies, employers, background screening firms, etc. Once elected, SVA cannot acknowledge the existence of, or release information about, the record of any student who has elected confidentiality, regardless of the effect this may have. SVA assumes no liability for honoring your instructions that information be withheld. If you wish to revoke your choice, you may complete a new FERPA Disclosure Form.

EDUCATION RECORDS:

You may choose whether or not to release non-Directory Information (such as grades, attendance, and financial information) from your education records at SVA. You may also designate the individual(s) to whom you would like your information disclosed.

PLEASE CHECK ONE ☐ **RELEASE** ☐ **DO NOT RELEASE**

Release to | Relationship to student

Release to | Relationship to student

Release to | Relationship to student

Release to | Relationship to student

PLEASE PROVIDE AN ACCESS CODE TO AUTHORIZE RELEASE OF INFORMATION:

Your access code can be anything of your choosing (any combination of letters, numbers, or symbols).

Provide your access code to the individual(s) listed above. SVA will not release information to an individual if they do not provide the access code. A new FERPA Disclosure Form must be completed to change your access code.

This is to attest that I am the student signing this form. I understand that the information may be released verbally or in the form of copies or written records, as preferred by the requestor. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Registrar's Office.

Student Signature | Date