

VERY IMPORTANT INFORMATION FOR STUDENTS AND PARENTS
REGARDING
INQUIRIES ABOUT STUDENT RECORDS

Under the federal Family Educational Rights and Privacy Act (FERPA) of 1974, disclosure of information from a student's education records is strictly limited and all colleges must have policies in place to comply with this law.

STUDENTS:

You must establish a FERPA password before college personnel can discuss your student record over the phone. This password allows us to verify that we are speaking with you.

To establish a **FERPA password**, you must complete the **FERPA Waiver Form** on the other side of this notice, create a password and return the form to the Registrar's Office.

The completed form must be submitted to registrar@hvcc.edu as an attachment to a message sent from your **HVCC student e-mail account**. If you have your signature on the form notarized, it will be processed accordingly. If you submit the form without having your signature notarized, a member of the Registrar's Office staff will arrange a Zoom session with you to authenticate your identity. Please be prepared to show picture ID during the Zoom session. You must have access to a device with a camera in order to prove your identity via Zoom.

If you have not submitted a FERPA Waiver Form and/or if you do not have your password, we cannot discuss any details of your account – including charges, payments, financial aid or grades – over the phone.

If you forget your FERPA password, you will have to complete another form.

PARENTS AND OTHER THIRD PARTIES:

We cannot discuss a student's record with a parent or other third party over the phone or in person unless the student has authorized the college to release information to that party by name.

A student who wishes to allow their parent(s) or other party access to his or her student record must complete the FERPA Waiver Form on the other side of this notice, pick a password and return the form to the Registrar's Office as outlined above.

For telephone inquiries, the authorized individual must provide the student's FERPA password. For in-person inquiries, the authorized individual must show picture ID. Information may not be shared with a parent or third party via e-mail.

The Registrar's Office is located in Room 136 of the Guenther Enrollment Services Center.

The FERPA Waiver Form must be completed only once and will remain active unless the student rescinds the form or submits a new form. A student who wishes to rescind his/her FERPA waiver must notify the Registrar's Office in writing.



FERPA WAIVER • AUTHENTICATION FORM

Hudson Valley Community College • 80 Vandenburg Avenue • Troy, NY 12180-6096 • (518) 629-4574

If you have submitted this form to the college previously, you need to submit another copy only if you wish to change the information previously submitted or to establish a new FERPA password. This form may be submitted to registrar@hvcc.edu as an attachment to a message sent from your HVCC student e-mail account. If your signature has been notarized, the form will be processed accordingly. Otherwise, a member of the Registrar's Office staff will arrange a Zoom session with you to authenticate your identity. Please be prepared to show picture ID during the Zoom session. You must have access to a device with a camera in order to prove your identity via Zoom.

I understand that, in order for Hudson Valley Community College to disclose personally identifiable information from my educational records to a third party, I must provide consent. I further understand that, for any such disclosure over the phone, even to myself, the college must authenticate the caller using the FERPA password I establish below.

I understand that I am not required to sign and return this form if I do not wish consent to be given or if I do not wish to receive information over the phone.

The below FERPA password must be provided, either by myself or any named individual below, when making a telephone inquiry.

FERPA Password _____ (The FERPA password must be no more than 10 characters and cannot be your date of birth, any part of your student ID # or SSN, or your WReD password).

I am giving consent to either:

- Disclose any and all education records, which includes all items in the box below, **OR**
- The following records/information may or may not be disclosed as indicated in the box below:

Disclose	Do not disclose	Disclose	Do not disclose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The purpose of the disclosure is (check one or both):

- to obtain information about my student record via telephone
- to authorize individuals named below to obtain information about my student record

The party or class of parties to whom a disclosure may be made is:

Name(s): _____

Relationship: parent guardian spouse sibling other _____
(This does not include consent for information to be given to another college.)

Student Name (please print) _____

Date of Birth _____

Date _____

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Student ID Number

Office Use Only: <input type="checkbox"/> verified ID	
_____	_____
Initials	Date

For use by a notary public.

STATE OF NEW YORK :
:SS.:
COUNTY OF :

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public