



# EMPIRE STATE COLLEGE

STATE UNIVERSITY OF NEW YORK

## Permission to Release Education Record Information

I give permission for \_\_\_\_\_  
(college office and/or employee)

\_\_\_\_\_  
(college office and/or employee)

\_\_\_\_\_  
(college office and/or employee)

to release my education record information defined below:

Relating to my work and status in the Empire State College M.A.T. Program. This includes information about my academic progress, grades and the level of my work, as well as any other academic information required by the school or school district officials.

to \_\_\_\_\_  
(name of designee)

\_\_\_\_\_  
(address and phone number of designee)

for (purpose)

Providing the school/school district officials with the information relating to the academic requirements for the certification I am pursuing.

for the period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.  
(Date-MMDDYY) (Date-MMDDYY)

Signed \_\_\_\_\_  
(signature of student)

Printed name of student \_\_\_\_\_

Student ID number or Social Security number \_\_\_\_\_

Date \_\_\_\_\_  
(MMDDYY)