

SUNY POLYTECHNIC INSTITUTE

STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS

Student Name (please print) _____
(Last) (First) (Middle initial)

Student ID: U00 _____

I authorize the **Registrar's Office** at SUNY Polytechnic Institute to discuss academic information and my academic transcript, including all grades and gpa information, with the Registrar's Office at SUNY at Albany. This information may be given over the telephone, in person, or in writing, and may include the following:

- Academic Transcript
- Course schedule
- Academic progress, GPA and standing

This authorization will remain in effect for **one academic year** unless revoked, in writing, by the student.

Student Signature _____ Date _____

PLEASE NOTE THE FOLLOWING:

- This consent form **DOES NOT ALLOW THE AUTHORIZED INDIVIDUAL(S) TO MAKE DECISIONS OR PROCESS TRANSACTIONS ON THE STUDENT'S BEHALF.**
 - This consent form is valid for release of Registrar's information only
 - **THIS CONSENT CAN BE REVOKED BY THE STUDENT IN WRITING AT ANY TIME.**
-

Send this completed form to:

registrar@sunypoly.edu

Or mail to

SUNY Polytechnic Institute

Registrar's Office

100 Seymour Road

Utica, NY 13502

Fax: (315) 792-7802