



Office of the Registrar
SUNY Broome Community College
PO Box 1017
Binghamton, NY 13902-1017

Date: _____
Student Name: _____
SUNY Broome ID #: _____
Permanent Address _____
City, State, Zip _____

RE: Release of Information

I hereby request that the Office of the Registrar at SUNY Broome Community College either:

Not release any information pertaining to my student records (Directory Exclusion Confidential)

OR

Release the following non-directory information pertaining to my student records (Check all that apply):

- Academic Information
- Financial Information
- Housing Information
- Medical Information
- Student Conduct Information
- Letter of Enrollment (Specify term(s)): _____

Name(s) of person(s) the information may be released to: _____

Required password (Ex: Nickname, favorite sport, vacation spot, pet's name, etc. **Don't** use your name or DOB): _____

How long this release is authorized for (Ex: One semester, one year, throughout SUNY Broome career): _____

Comments (Registrar's Office only): _____

Student Signature

Date

Processed: _____