

## Access Opportunity Program

### Voluntary Student Consent To Release Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Student ID# \_\_\_\_\_

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Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), I request and give my consent to the Access Opportunity Program (AOP) Office at SUNY Geneseo to release information regarding my academic information to the individual(s) listed below.

Parties to whom information may be released:

Name	Relationship
1. _____	_____
2. _____	_____

I understand that: (1) this consent shall remain in effect until revoked by me, in writing, and delivered to the AOP Office, but that such revocation shall not affect disclosures previously made by AOP Office staff prior to the receipt of any written revocation (2) I have the right not to consent to the release of my academic information.

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Student Signature

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Date