AUTHORIZATION TO RELEASE INFORMATION
ROCHESTER INSTITUTE OF TECHNOLOGY
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

STUDENT: PLEASE READ CAREFULLY

Check either #1 OR #2. Sign at the bottom and return.

#1:

□ I, ____________________________________ give my permission to the Rochester Institute of Technology (RIT)/National Technical Institute for the Deaf (NTID) to share academic records, in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), with the following people:

□ My Parents or Guardian (print names below)

__________________________________________

__________________________________________

□ Other (list name) __________________________

I understand it is my (the student’s) responsibility to supply vocational rehabilitation counselors and parents/legal guardians with my grades. By completing this consent form, I am giving RIT/NTID permission to provide grades and academic information to the above named individuals, when contacted.

NOTE: This consent will be valid throughout the student’s enrollment at RIT but may be modified or cancelled in writing by the student.

Print Student’s Name: ________________________________

Student’s Signature: ________________________________

#2:

□ I DO NOT want my records released for any purpose. (Please note: Student educational records are released to appropriate people within the Rochester Institute of Technology or the National Technical Institute for the Deaf without asking for student permission.)

Print Student’s Name: ________________________________

Student’s Signature: ________________________________