



WE ARE NEW YORK'S LAW SCHOOL

STUDENT CONSENT TO DISCLOSURE FORM

Family Educational Rights and Privacy Act

Submit to: Office of the Registrar

Name: _____

Student ID number: _____

Address: _____

Email: _____

Phone: _____

I hereby consent to disclosure of the following education records:

The above-specified education records specified above may be disclosed to the following persons or classes of persons:

The purpose of disclosure of the above-specified education records is as follows:

Student's signature: _____ Date: _____

Revised July 2020