



FERPA WAIVER RELEASE FORM

See the second page for the Registrar's Office contact information. Completed and approved forms should be submitted to the Registrar's Office or via help@touro.edu using Touro e-mail address. Questions can be directed to help@touro.edu.

TO BE COMPLETED BY THE STUDENT:

Student's Name: _____ Touro TID# _____
First Last

FERPA

The Family Education Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to educational records. The act makes provision for inspection and review of educational records by students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student, and include the names of the parties to whom such records can be accessed. The act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

By signing this waiver, the student is voluntarily granting to the designated individuals access to confidential records within said student's educational file.

I _____ (student's name) voluntarily hereby give permission for Touro College personnel to share and discuss the following information (check all that apply):

- Records maintained by the Office of the Bursar (account balance, billing, collection activity, etc.)
- Records maintained by the Financial Aid Office (grants, scholarships, student loans, etc.)
- Records maintained by the Office of the Registrar (academics, grades, GPA, reports, evaluations, etc.)
- ALL OF THE ABOVE
- OTHER (please specify): _____

The purpose of this disclosure is to: _____

Person(s) to whom above information may be released. Please PRINT clearly.

Name (Last, First): _____ Relationship to student: Parent Spouse Attorney Other _____

Name (Last, First): _____ Relationship to student: Parent Spouse Attorney Other _____

Please check one of the following:

- This waiver will be in effect as long as I am a student at Touro College.
- This waiver will be in effect from: (Date) _____ until: (Date) _____

This waiver may be revoked by the student at any time by advance written notice to the Office of the Registrar.

Student's Signature _____ Date: _____
MM / DD / YYYY

Waivers must be rectified by Touro College with an email to the student and the student's confirmation if received from other than TouroOne email address. If the form is submitted in person, a proper photo identification will be required for form submission.

REGISTRAR'S OFFICE USE ONLY:		
Processed by: _____	Date Received: _____	Date Processed: _____
	<i>MM / DD / YYYY</i>	<i>MM / DD / YYYY</i>



Contact information for the Registrar's Offices per school/program and location

SCHOOL	REGISTRAR'S OFFICE ADDRESS	CONTACT INFORMATION
Graduate School of Business Graduate School of Jewish Studies Graduate School of Social Work Graduate School of Technology	Main Campus 320 West 31st Street - Suite 131 New York, NY 10001	Phone: (212) 463 0400 ext. 55368 Phone: (212) 463 0400 ext. 55544 Phone: (212) 463 0400 ext. 55291 Phone: (212) 463 0400 ext. 55368 E-mail: help@touro.edu Fax: (646) 495 3868
Graduate School of Education	Main Campus 320 West 31st Street - Suite 131 New York, NY 10001	E-mail: GSEP.REGISTRAR@touro.edu Phone: (212) 463 0400 ext. 55544 Fax: (646) 495 3868
	Brooklyn Campus 946 Kings Highway Brooklyn, NY 11223	E-mail: GSEP.REGISTRAR@touro.edu Phone: (718) 301 2030
	Bay Shore Campus 1700 Union Blvd # A Bay Shore, NY 11706	E-mail: GSEP.REGISTRAR@touro.edu Phone: (631) 665 1600 ext. 6268 Fax: (646) 495 3880
New York School of Career & Applied Sciences (NYSCAS)	Main Campus 320 West 31st Street - Suite 131 New York, NY 10001	E-mail: help@touro.edu Phone: (212) 463 0400 ext. 55228, 55328, 55507 Fax: (646) 495 3868
	Flatbush Campus 1602 Avenue J Brooklyn, NY 11230	E-mail: help@touro.edu Phone: (718) 252 7800 ext. 59246 Fax: (718) 253 6479
	Kings Highway Campus 1726 Kings Highway Brooklyn, NY 11229	E-mail: help@touro.edu Phone: (718) 336 6471 ext. 30107 Fax: (718) 998 7741
	Neptune Campus 360 Neptune Avenue Brooklyn, NY 11235	E-mail: help@touro.edu Phone: (718) 265 6534 ext. 58550 Fax: (718) 265 0614, (718) 265 0613
Lander College of Arts & Sciences <i>- Institute of Professional Studies</i> <i>- School of Lifelong Education</i>	Flatbush Campus 1602 Avenue J Brooklyn, NY 11230	E-mail: help@touro.edu Phone: (718) 252 7800 ext. 58550, 59246 Fax: (718) 253 6479
Lander College for Men	Flushing Campus 75-31 150th St Flushing, NY 11367	E-mail: help@touro.edu Phone: (718) 820 4928 Fax: (718) 820 4927
Lander College for Women	Midtown Campus 227 W 60th St New York, NY 10023	E-mail: help@touro.edu Phone: (212) 287 3520 Fax: (646) 495 3810
School of Health Sciences	Main Campus (Manhattan Programs) 320 West 31st Street - Suite 131 New York, NY 10001	E-mail: help@touro.edu Phone: (212) 463 0400 ext. 55544 Fax: (646) 495 3868
	Bay Shore Campus (Bay Shore Programs) 1700 Union Blvd # A Bay Shore, NY 11706	E-mail: help@touro.edu Phone: (631) 665 1600 ext. 6268 Fax: (646) 495 3880
	Flatbush Campus (Speech Pathology and Nursing Programs) 1602 Avenue J Brooklyn, NY 11230	E-mail: help@touro.edu Phone: (718) 252 7800 ext. 59377 Fax: (718) 253 6479
Touro College of Dental School	Valhalla Campus 40 Sunshine Cottage Road Suite 127 Valhalla, NY 10595	Phone: (914) 594 4495 E-mail: Registrar@nymc.edu Fax: (914) 594 3752
Touro College of Osteopathic Medicine	Harlem Campus 2090 Adam Clayton Powell Jr. Blvd, Suite 519 H-G New York, NY 10027	Phone: (212) 851 1199 ext. 42587 Phone: (212) 851 1199 ext. 42568 E-mail: help@touro.edu Fax: (212) 851 1183
	Middletown Campus 60 Prospect Ave Middletown, NY 10940	Phone: (845) 648 1000 x 60108 E-mail: help@touro.edu
Touro College of Pharmacy	Harlem Campus 2090 Adam Clayton Powell Jr. Blvd, Suite 519 New York, NY 10027	Phone: (212) 851 1199 ext. 42587 Phone: (212) 851 1199 ext. 42568 E-mail: help@touro.edu Fax: (212) 851 1183