## SUNY POLYTECHNIC INSTITUTE

## STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS

Student Name (please	print)		
•	(Last)	(First)	(Middle initial)
Student ID: U00			
information and my Registrar's Office at person, or in writing  Academic Ti  Course sche	academic transcript, inclu SUNY at Albany. This ir, and may include the foll anscript	-	mation, with the
This authorization w	ill remain in effect for <b>on</b>	<b>e academic year</b> unless revo	ked, in writing, by the
Student Signature _		Date	
PLEASE NOTE T			
		OW THE AUTHORIZED II ESS TRANSACTIONS ON	, ,
• This consent	form is valid for release of	of Registrar's information onl	у

Send this completed form to:

• THIS CONSENT CAN BE REVOKED BY THE STUDENT IN WRITING AT

ANY TIME.

registrar@sunypoly.edu

Or mail to

**SUNY Polytechnic Institute** 

Registrar's Office 100 Seymour Road Utica, NY 13502 Fax: (315) 792-7802