



Due to grant requirements, to receive funding (training, stipends, supports, etc.) through Apprenticeship Programs at SUNY, individuals are required to sign a FERPA/Information Release Form. A signature on the first page of this form is required. While a signature on the second page is not required it is strongly encouraged as release will assist SUNY and its Partner Agencies in obtaining and reporting required information to track the long-term success of this program and access future grant funding.

Mandatory – Combined FERPA/Information Release Form

Apprenticeship Programs at SUNY

The Federal Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (FERPA), gives college students certain privacy rights over their education records. Colleges and universities are only allowed to release certain personally identifiable information from student education records if the student provides consent for such release, or if another legal exemption applies.

I, _____, **hereby consent** to the release of personally identifiable information from my post-secondary education records, as further defined below.

I understand and acknowledge that the records that may be disclosed may include personally identifiable information from my education records, including but not limited to my name, address, course and other training information, details regarding participation in the Program(s), and personal identifiers including but not limited to: my date of birth; self-identified sex, race/ethnicity, disability and ex-offender status(s); prior work/educational experience; and, social security number.

I understand and acknowledge that the purpose of any such disclosure is to assist the State University of New York (SUNY) and its Partner Agencies in obtaining and reporting required information concerning the placement, retention, and experience of students in the Apprenticeship Programs at SUNY.

I understand and acknowledge that the personally identifiable information from my education records may be disclosed to one or more the following entities in the course of administering these Programs: (1) Other SUNY offices, including SUNY System Administration and SUNY State-Operated and Community College campuses; (2) the NYS Department of Labor; (3) the NYS Department of Tax and Finance; and (4) the Research Foundation for the State University of New York (collectively, Partner Agencies).

SUNY agrees that it will only share personally identifiable information from my education records with the above entities pursuant to this consent to the extent necessary to administer the Programs.

Name of Student

Signature of Student

Date

The Apprenticeship Programs at SUNY are funded through appropriations in the New York State budget beginning in the 2016/17 Fiscal Year and appropriations in the NYS budget through Empire State Development Office of Strategic Workforce Development

OPTIONAL - PERMISSION FOR ACCESS TO EDUCATIONAL RECORDS

Strategic Workforce Development Program Participants

Students who wish to grant third parties access to educational records maintained by the student's college should use this form, which requires a date and signature. Electronic signatures are acceptable only if the College is able to identify and authenticate the student as the source of the release.

The Family Educational Rights and Privacy Act (FERPA) prohibits access to, or release of, educational records or personally identifiable information contained in such records without the written consent of the student. This prohibition is subject to certain exceptions. For more information about FERPA, see https://www.suny.edu/sunypp/documents.cfm?doc_id=540.

Signing this form and consenting to the data sharing as outlined below is fully optional and is not a condition of participation in this program or receipt of funding. However, consenting to this data sharing will allow for integration of these data points in the New York State Department of Labor's (NYSDOL) One Stop Operating System ("OSOS") and may allow for you to receive more seamless and/or personalized workforce benefits in the future through a variety of services offered by NYSDOL.

The One-Stop Operating System (OSOS) is the New York State Department of Labor's (NYSDOL) case management system. OSOS is a comprehensive system that contains customer information related to employment and training. It is used by NYSDOL and partner staff throughout the New York State Workforce Development System to house work history, information on desired occupation, skills, educational information, barriers to employment, and employment and training outcomes. As staff work with customers, the system is updated to accurately reflect the customer's situation and employment preferences ensuring quality services are provided to customers regardless of who is serving them. OSOS is also used to match customers to jobs. The system is only used by staff and is not available for customer use. Anyone accessing OSOS must sign confidentiality agreements and participate in an annual confidentiality training to ensure customer data remains secure. If you consent to this data sharing, your data will remain in the OSOS system, pursuant to the policies and procedures governing such system, after your participation in this program is complete.

Student Name (Please Print): _____

Student ID Number _____

I, the undersigned, hereby authorize SUNY as well as the college(s) which I am attending, to release the educational records and information related to my participation in the educational program which I will receive benefits from. Such educational records shall include but not be limited to: personally identifiable information from my education records, including but not limited to my name, address, course and other training information, details regarding participation in the Program(s), information regarding salary/wages that I received from my Employer while a participant in the Program(s) or following completion, and personal identifiers including but not limited to: my date of birth; self-identified sex, race/ethnicity, disability, veteran and ex-offender status(s); prior work/educational experience; and, social security number.

These records should be released to the following person/agency:

New York State Department of Labor and Empire State Development, who will provide analysis of the educational outcomes of the program and inform future funding decisions for the program.

These records are being released for the following purpose:

The purpose of this disclosure is to assist SUNY and partners in obtaining and reporting information concerning the placement, retention, and experience of students in Strategic Workforce Development Programs.

Student's Signature

Date