

## **Guilford Technical Community College Student Support Services**

Student Support Services
P. O. Box 309, Jamestown, NC 27282
336-334-4822 option 4 • eFAX 336-458-2359 • records@gtcc.edu

## Consent to Release Student Information

Per Compliance with "The Family Educational Rights and Privacy Act of 1974" (FERPA)

I,			hnical Community College	to release the
Academic Standing	Payment Information/History		All Records	
☐ Class Schedule for Current Ter		Registration History		:
☐ Cumulative Credit Hours	☐ Transcript/	☐ Transcript/Grades		
Financial Aid Information	☐ Veterans' I	☐ Veterans' Information		
FERPA requires that you state the	he purpose of the disclosu	re(s):		
The above information may be relemy social security number, date names: attach additional pages)				
Printed Name Printed Name				
signing this form, I realize that this released via the internet. This rele the release of my educational record authorize others to drop classes of this form must be submitted in Campus Center on the Jamestow	ase does not cover Counselerds; that I have the right to non my behalf.  person, by mail, or by FA	ing Services records. I use receive a copy of such re  X, with picture identification.	nderstand that I have the rigorous upon request. This recation to Records Office,	ght not to consent to release does NOT  Suite 3500, Medlin
Student Name (printed)	Birth mm/dd/yyyy	Student GTCC	C Identification Number	
Student Signature		Date		
Student E-mail Address	<del></del>	Student Phone	Number	
*I request for this agreement to be cancelled.  Student Signature				Date
	of student's state ID (such as in ASUM/Comments: (Entry T		crf mm/dd/yyyy your initials	s.