GTCC
GUILFORD TECHNICAL COMMUNITY COLLEGE

*Guilford Technical Community College*

*Student Support Services*
P. O. Box 309, Jamestown, NC 27282
336/334-4822 Greensboro • 336/454-1126 High Point • FAX 336/454-7073

# *High School Student Consent to Release Information*

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

I, _____, hereby permit Guilford Technical Community College to release all
*(Student Name)*
records, including, but not limited to academic records.

**FERPA requires that you state the purpose of the disclosure(s):** **ACADEMIC SUPPORT**

The above information may be released in person or in writing to the following individual(s)/parties**, once s/he has confirmed my social security number, date of birth, and/or other specific identifying information that may be requested**. (Additional names: attach additional pages)

_____ _____
High School Name Print Parent/Guardian Name

I understand that the above information is considered private information under the Federal FERPA guidelines. By completing and signing this form, I realize that this information will be released only to the party (ies) indicated. Information cannot be requested or be released via the internet. This release does not cover Counseling Services records. I understand that I have the right not to consent to the release of my educational records; that I have the right to receive a copy of such records upon request. **This release does NOT authorize others to drop classes on my behalf.**

**This form must be submitted in person to your high school counselor or to the Career and College Promise Office. This agreement will remain in effect until high school graduation. *It is the student's responsibility to cancel this agreement.**

_____/_____ _____
Student Name (printed) Birth month /day/year Student GTCC Identification Number

_____ _____
Student Signature Date

_____ _____
Student E-mail Address Student Phone Number

***I request for this agreement to be cancelled.** _____
Student Signature Date

**Office use only:** Notes placed in ASUM/Comments: (Entry **required in this format**: **crf mo/day/yr your initials. To whom; list items checked for release.**)

by _____(Staff signature required) _____Date