

Consent to Release Student Information

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

I, _____, hereby permit Guilford Technical Community College to release the following information from my educational records (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Payment Information/History | <input type="checkbox"/> All Records |
| <input type="checkbox"/> Class Schedule for Current Term | <input type="checkbox"/> Registration History | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Cumulative Credit Hours | <input type="checkbox"/> Transcript/Grades | _____ |
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Veterans' Information | |

FERPA requires that you state the purpose of the disclosure(s): _____.

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)

 Printed Name

 Printed 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, by mail, or by FAX, with picture identification to Records Office, Suite 3500, Medlin Campus Center on the Jamestown Campus. *This agreement will remain in effect until revoked in writing by me, the student.

 Student Name (printed)

 Birth mm/dd/yyyy

 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

Copy of student's state ID (such as Driver's License) must be attached to this form.
Notes placed in ASUM/Comments: (Entry required in this format: crf mm/dd/yyyy your initials.
To whom; list items checked for release.)

 (Staff signature required)

 Date