



# Guilford Technical Community College

## Student Learning & Success

P. O. Box 309, Jamestown, NC 27282  
336/334-4822 Greensboro • 336/454-1126 High Point • FAX 336/819-2022

### 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. Copy of student's state ID (such as Drivers License) must be attached to this form.**

**This form must be submitted in person, by mail, or by FAX, with picture identification to Enrollment Services, located in the Medlin Campus Center, 2<sup>nd</sup> level, Jamestown Campus. \*This agreement will remain in effect until revoked in writing by me, the student.**

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
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:** Remarks placed in: \_\_\_\_\_ ASUM (Entry required) \_\_\_\_\_ FASI/CRI (Entry required)  
Entered by \_\_\_\_\_ (Staff Name required) \_\_\_\_\_ Date