

---

## *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)      Birth mo./day/yr.

\_\_\_\_\_  
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