

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 Enrollment Services, located in the Medlin Campus Center, 2nd 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: 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 mo/day/yr your initials. To whom; list items checked for release.**)

by _____ (Staff signature required) _____ Date