

## *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 Percy H. Sears Applied Technologies Center, first floor 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