

FERPA Consent to Release Educational Records

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of her or his educational records to a third party. Please print legibly in ink when completing this form.

Student ID:	Date of Birth:
Person(s) to w	hom you authorize the release of your records:
	ple people. You must provide each authorized person listed with the password you choose below. If they are the password, your records cannot be released.
Password:	
ou are responsib	le for the security of this password. Protect it from unauthorized parties.
	release of educational records in the following areas (check all that apply): Academic Records Financial Aid Student Accounts
	ation for which you authorize the release of your educational records. Granting access to the not preclude you from revoking access to any of the parties or record types above, if done so in writing. Grant continuous access for the duration of my academic career
	I do not wish to grant continuous access. Access should end on//
	I choose to limit access no information will be shared with the people listed above after ct. Access can only be reinstated by completing a subsequent FERPA Consent to Release ecords form.
tudent Signat	ure: Date:
	mitted in person at the office below, along with a picture ID. Otherwise a Notary signature is required.
am not submitt	ting my form in person. My notary verification is below.
lotary:	Commission Exp:
	Return Completed Form to:
A	Admissions and Records Office, New River Community College, 5251 College Drive, Dublin, Virginia 24084
**************************************	Office Use Only
Person who entered	d authorization into SIS: Date entered: