



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 Name: _____

Student ID: _____ Date of Birth: _____

Person(s) to whom you authorize the release of your records: _____

You can list multiple people. You must provide each authorized person listed with the password you choose below. If they are unable to provide the password, your records cannot be released.

Password: _____

You are responsible for the security of this password. Protect it from unauthorized parties.

I authorize the release of educational records in the following areas (check all that apply):

- Academic Records
- Financial Aid
- Student Accounts

Select the duration for which you authorize the release of your educational records. Granting access to the parties listed does 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 ____/____/____.
Month Day Year

I realize that if I choose to limit access no information will be shared with the people listed above after the date I select. Access can only be reinstated by completing a subsequent FERPA Consent to Release Educational Records form.

Student Signature: _____ Date: _____

Form must be submitted in person at the office below, along with a picture ID. **Otherwise a Notary signature is required.**

I am not submitting my form in person. My notary verification is below.

Notary: _____ Commission Exp: _____

Return Completed Form to:
Central Virginia Community College
3506 Wards Road, Lynchburg, VA 24502-2498

Office Use Only

Person who entered authorization into SIS: _____ Date entered: _____