STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS (FERPA Consent Form)

Guilford College OFFICE OF THE REGISTRAR

Name of Student (Last, First, Middle Initial)		Permanent Street Address	City	State	Zip
		_			
FERPA predisclosed education release of	ly Educational Rights and Privacy Act (FERPA) provides student permits a student to "review and inspect" his/her education rece to a third party, including the student's parent or guardian, without records to third parties, it does not obligate Guilford College to education records on a case-by-case basis. For more informed Privacy Act Regulation located here:	ord. Unless an allowable exception applies ut the student's written consent. While this f o do so. Guilford College reserves the right	s, a student's educa orm <i>authorizes</i> Gui to review and resp	ation record cann lford College to re ond to requests fo	ot be clease or the
SECT	TON A. Education records to be released				
	ALL STUDENT EDUCATION RECORDS LIST				
	LIMITED EDUCATION RECORDS (check all Academic Information (grades/GPA, reg		nia prograss an	rallmant statu	a)
	☐ Financial Aid Information (awards, appl status)				
	☐ Loan Information (College-maintained loreporting history], communication history.		ment history [in	cluding credit	
	☐ Student Conduct Records (campus appearstudent conduct cases)		ion related to th	e administratio	on of
	☐ Housing Information (room assignment/n related to housing)	room change, housing eligibility, bil	ling, room dama	age, judicial m	atters
	☐ Student Account Information (billing star ☐ Other (please specify, e.g., Student Acces				
SECT	ION B. Person(s) to whom access to education	records may be provided			
Name(s) of person(s) to whom access to records may be pro	vided:			
Address	S	City	State	Zip	
Phone_	Email_	Relationsh	ip to Student _		
If disclo	osure is to parent(s), is the student claimed as a deper	ndent for federal income tax purpose	s for the current	tax year? Y	es No
	ION C. Duration of release (check <u>one</u>)				
	One-Time Use: This authorization can be used only Limited Use: This authorization expires on:				
SECT	ION D. Purpose of release (check <u>one</u>)				
	Family Communications				
	Employment				
	Admission to an Educational Institution				
	Other (please specify):				
I unders	stand that: (1) I have the right not to consent to the re	lease of my education records; (2) I	have the right to	inspect any v	vritten
	released pursuant to this consent; and (3) I have the office of the Registrar.	right to revoke this consent at any tin	ne by delivering	g a written rev	ocation
Student's Signature G		#	Date		

Instructions for completing this form:

- The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.
- Forms can be provided in person to this address: Guilford College, Office of the Registrar, New Garden Hall, Greensboro, NC 27410. 2.
- Submission of this form from the student's email account shall serve as an electronic signature. Completed forms should be submitted to the Office of the Registrar via email at registrar@guilford.edu.