FERPA Disclosure and Consent Form
Guilford College 2018-2019

STEP 1:

The Family Educational Rights and Privacy Act (FERPA) states that a student must authorize the release of educational records to a third party. This authorization form will allow officials at Guilford College to release information you identify on this form.

Please fill all of the following blanks in ink and check the boxes that apply.

_____ _____

First Name Middle Initial Last Name G Number

STEP 2:

I authorize the release of educational record in the following areas:

- O Academic Records (e.g., grades/GPA, registration, academic progress/status)
- O Student Accounts (e.g., statements, charges, payments, past due amounts, credits, fines, collections)
  ** Authorized User access in TouchNet only grants permission to view a student's billing information*
- O Student Affairs (e.g., housing, meal plan, disciplinary records)
- O All of the above (Academic Records, Student Accounts and Student Affairs)
- O None (if "None" is selected, skip to Step 4 to sign and date)

STEP 3:

Please designate the person(s) to whom you authorize the release of your records. Please **print** legibly. The person(s) you authorize must present a photo ID and your selected password to obtain the release of your records in person.

1) _____ _____
   Name Relation
2) _____ _____
   Name Relation
3) _____ _____
   Name Relation
4) _____ _____
   Name Relation

Password:_____

You must provide each authorized person listed with a word or short phrase password of your choosing. If they are unable to provide the password, your records cannot be released. You are responsible for the security of this password. Protect it from unauthorized parties.

STEP 4:

Select the duration for which you authorize the relase of your educational records.

- O Grant continuous access for the duration of my academic career
- O I do not wish to grant continuous access. Access should end on _____/_____/_____
  M D Y

You may revoke access to the authorized person(s) at anytime in writing to the Registrar's Office.

Student's Signature:_____ **Date:**_____

**Students cannot be denied any educational services from Guilford College if they refuse to provide consent. If you do not sign this consent, the College will not release information about you, unless your parent documents that they declare you as a dependent or in certain circumstances, such as health or safety emergencies, allowed by the FERPA policy.*