CONSENT TO RELEASE STUDENT INFORMATION

Per compliance with The Family Educational Rights and Privacy Act of 1974 (FERPA)

Records Office • PO Box 38 Wentworth NC 27375 • 336.342.4261 Fax: 336.342.1809 • www.rockinghamcc.edu

I, _____, hereby permit Rockingham Community College to release the following information from my education records (check all that apply):

___ Academic Standing
___ Class Schedule for Current Term
___ Cumulative Credit Hours
___ Financial Aid Information
___ Payment Information/History
___ Transcript/Grades
___ Veteran's Information
___ All Records
___ Other (specify):_____

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.

_____ Print Name

_____ Print Name

Purpose for disclosure (required):_____

_____

I understand the above education record information is considered private under the Federal FERPA guidelines. I understand I have the right not to consent to the release of my education records and I have the right to receive a copy of such records upon request. By completing and signing this form, I realize this information will be released **only** to the party(ies) indicated. This release does not authorize others to drop classes on my behalf or pick up my financial aid refund check.

This form must be submitted in person or from your RCC email with photo identification (copy must be included with this form) to the Student Development Division located in the Whitcomb Student Center. Note: This agreement will remain in effect until revoked in writing by me, the student.

_____/_____ Student Name (printed) Birth mo/day/yr

_____ Student RCC Identification Number

_____ Student Signature

_____ Date

_____ RCC E-mail Address

_____ Student Phone Number

I request this agreement be canceled. _____ Student Signature Date

OFFICE USE ONLY: Received by initials _____ Date _____ **Attach copy of Photo ID **

1) ASUM Comments: CRSI mo/day/yr, initials of staff member receiving form, to whom release is granted, list of items checked for release, staff member entering information timestamp.
2) Processed by signature: _____ Date: _____
3) Scan into student's FERPA folder in Doc E Scan
    a. To Cancel: Print, have student sign/date, attach copy of photo id, delete ASUM info, and scan revised copy of form to new document.