



Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

### FERPA Release Form

It is the policy of Alamance Community College, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Directory information, such as enrollment, academic honors and degrees, may be disclosed to the public. However, private information, such as address, phone number, grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, \_\_\_\_\_, Student ID Number \_\_\_\_\_, authorize Alamance Community College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Alamance Community College.

Please select all that apply:

- \_\_\_\_\_ All academic records.                      \_\_\_\_\_ All contact information
- \_\_\_\_\_ All Financial Aid Information.                      \_\_\_\_\_ All Student Conduct/Disciplinary Records
- \_\_\_\_\_ Other \_\_\_\_\_

Persons to whom information may be released:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Note that student must appear in person at Alamance Community College Admissions Office to verify his/her identify by presenting a valid government issued photo identification (ID), such as, but not limited to, a driver's license, other state issued ID, or passport. If the student cannot appear in person then this form either needs to be verified by an appropriate school official or notarized by a Notary Public (See page 2) and then sent to Alamance Community College. Once signature is verified or notarized return completed form to: Alamance Community College, Attn: Student Success, P.O. Box 8000, Graham, NC, 27253.**

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect until revoked in writing (& received and processed by Alamance Community College) and must be renewed annually each school year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by (Name/Signature): \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_