

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: \_\_\_\_\_

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.

**Please return completed form to: Student Success, P.O. Box 8000, Graham, NC, 27253 or fax to: (336)-506-4264.**

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