



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

North Carolina Central University

OFFICE OF THE REGISTRAR

Name of Student (Last, First, Middle Initial): _____	Student ID: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) provides students with certain rights concerning the privacy of, and access to, their education records. A student's education record cannot be disclosed to a third party, including the student's parent or guardian, without the student's written consent. Please note that FERPA permits a student to "review and inspect" his/her education record. Please also note that while this form *authorizes* NCCU to release education records to third parties, it does not *obligate* NCCU to do so. NCCU reserves the right to review and respond to requests for the release of education records on a case-by-case basis. For more information regarding FERPA, please see NCCU's Family Educational Rights and Privacy Act Regulation located here: <http://www.nccu.edu/policies/retrieve.cfm?id=381>.

SECTION A. Education records to be released (check all that apply):

- Academic Information** (grades/GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Loan Information** (University-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
- Student Conduct Records** (Campus appearance tickets and other documentation related to the administration of student conduct cases)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity)
- All records listed above**
- Other** (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided:

 Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary)

 Address(es) of person(s) to whom access to records may be provided

 Relationship to Student

SECTION C. Duration of release (check one):

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: _____

SECTION D. Purpose of release (check one):

- Family Communications**
- Employment**
- Admission to an Educational Institution**
- Other** (please specify): _____

I understand that: (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect any written records released pursuant to this consent; and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.

 Student's Signature (Date)

 Signature of Parent or Guardian (if under 18) (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.
- 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 studentrecords@nccu.edu.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.