

## Permit to Disclose Personally Identifiable Information From Educational Records

*The following information is required by the Family and Educational Rights and Privacy Act of 1974, as amended, in order for the College to be authorized to release the information you indicate. This procedure is followed to protect your privacy. Please complete the form below and return it to any campus Enrollment Services Office.*

Print full name \_\_\_\_\_ Former name(s) \_\_\_\_\_

Birthdate (dd/mm/yy) \_\_\_\_\_ SSN#\* \_\_\_\_\_ SIS ID \_\_\_\_\_

*\*Social Security Number not required, but highly recommended for students whose last attendance was 2003 or earlier, so that the record can be located more efficiently.*

In processing your request, TCC may need to furnish and/or confirm your Social Security Number (SSN) with the third party that you have specified. Per the Federal Educational Rights and Privacy Act (FERPA), you have the right to authorize or prevent disclosure/confirmation of your SSN to most third parties. As such, please indicate below whether TCC is authorized to release your SSN if requested and/or needed in processing this request.

- I authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request
- I do not authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request  
*(NOTE: In some instances, TCC may be lawfully required to disclose a student SSN)*

1. The record(s) to be disclosed is (are):

- Information from your TCC Application for Admission form
- Permanent record (grades, GPA, degrees, etc.)
- Enrollment record(s) for \_\_\_\_\_ Year \_\_\_\_\_
- Other (describe: i.e., estimated completion date, previous graduation, etc.)  
\_\_\_\_\_

2. The purpose(s) of disclosure is (are):

- Certify current enrollment at Tidewater Community College
  - College level (credit/unit)
    - Full-time (12 or more credit hours)
    - Part-time (less than 12 credit hours)
  - Workforce Development (CEU or non-credit program)
- Certify past enrollment at Tidewater Community College
- Defer payment to \_\_\_\_\_
- Other (describe) \_\_\_\_\_

3. The person or organization to whom this disclosure is to be made:

Name of party \_\_\_\_\_

Address of party \_\_\_\_\_

4.  Hold for student pick up of requested information

Mail requested information

Signature of student (Authorization to release) \_\_\_\_\_ Date \_\_\_\_\_ Campus of Record \_\_\_\_\_

Street address \_\_\_\_\_ Telephone number (contact or message #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OFFICE USE ONLY**

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