

# FERPA Consent to Release Educational Records



The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of her or his educational records to a third party. Please print legibly in ink when completing this form.

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

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person(s) to whom you authorize the release of your records: \_\_\_\_\_

\_\_\_\_\_

You can list multiple people. You must provide each authorized person listed with the password you choose below. If they are unable to provide the password, your records cannot be released.

Password: \_\_\_\_\_

You are responsible for the security of this password. Protect it from unauthorized parties.

I authorize the release of educational records in the following areas (check all that apply):

- Academic Records
- Financial Aid
- Student Accounts
- Veterans Affairs

Select the duration for which you authorize the release of your educational records. Granting access to the parties listed does not preclude you from revoking access to any of the parties or record types above, if done so in writing.

- Grant continuous access for my academic career.

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

- I do not wish to grant continuous access. Access should end on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Month Day Year

I realize that if I choose to limit access no information will be shared with the people listed above after the date I select. Access can only be reinstated by completing a subsequent FERPA Consent to Release Educational Records form.

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

Form must be submitted in person at the office below, along with a picture ID. **Otherwise a Notary signature is required.**

I am not submitting my form in person. My notary verification is below.

Notary: \_\_\_\_\_ Commission Exp: \_\_\_\_\_

Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Form to Enrollment Services:

|  |  |   |  |
|--|--|---|--|
| Chesapeake Campus<br>Pass Building, Rm. 175<br>1428 Cedar Road<br>Chesapeake VA, 23322 | Norfolk Campus<br>Andrews Building<br>300 Granby Street<br>Norfolk VA, 23510 | Portsmouth Campus<br>A Building<br>120 Campus Drive<br>Portsmouth VA, 23701 | Virginia Beach Campus<br>Bayside Building<br>1700 College Crescent<br>Virginia Beach VA, 23453 |
|--|--|---|--|

### Office Use Only

Person who entered authorization into SIS: \_\_\_\_\_ Date entered: \_\_\_\_\_