

# FERPA Consent Educational



# to Release 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: \_\_\_\_\_

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

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 the duration of my academic career
- 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: \_\_\_\_\_

Return Completed Form to:  
Wytheville Community College  
Admissions Office  
1000 East Main Street  
Wytheville, VA 24382

Office Use Only

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