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: ________________________________________________________________________

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: _______________