

Student Consent to Release Educational Records

(Do NOT use this form for Transcript Requests)

Please type or print in ink all information requested

Office Use Only

Date:

Completed by:

General Information

Last Name	First Name	Middle Initial	Maiden Name
Mailing Address	City	State	Zip Code
Telephone Number	Social Security Number/Student ID		

I, _____, freely and voluntarily consent to the release of information from my educational record to the individuals or organizations listed below. This includes but is not limited to my admissions file, attendance records, class schedule, and transcript.

1.

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

ADDRESS OF PARTY

ADDRESS OF PARTY

CITY STATE ZIP

CITY STATE ZIP

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

ADDRESS OF PARTY

ADDRESS OF PARTY

CITY STATE ZIP

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2. Is the party or parties a parent or legal guardian? Yes No

3. If no, what is relationship to student: _____

4. Education Record(s) Which May Be Disclosed:

All Education Records

Other (please specify) _____

5. Period of Time During Which Consent Shall Be Valid:

From: _____ To: _____

If no date is indicated, the consent will expire when the student ceases to be a student at Surry Community College, the most recent statement pertaining to release of information will apply.

STUDENT SIGNATURE

DATE

Request That Student Directory Information Be Withheld

Please type or print in ink all information requested

Office Use Only

Date:

Completed by:

General Information

Last Name	First Name	Middle Initial	Maiden Name
Mailing Address	City	State	Zip Code
Telephone Number	Social Security Number/Student ID		

Privacy Rights of Students

In accordance with the Family Educational Rights and Privacy Act of 1974, only Directory Information will be released without the written consent of the student.

Directory Information

- Student's Name
- Address
- Dates of Attendance
- Degrees and Awards Received
- Major Field of Study

The Act provides for a category of student information termed "Directory Information" which is available to all persons on request unless the student places a "confidential hold" on his/her records.

Non-directory information may be released only with written permission of the student. Once a student is enrolled in a post-secondary program, parents are required to provide written permission from the student to review their child's records.

I, _____, request that a confidential
Name of Student
hold be placed on all my records/directory information while I am a student at Surry Community College. I understand that this request is for the duration of my attendance at Surry and that when I cease to be a student at Surry, the most recent statement pertaining to release of information will apply.

Student Signature

Date Signed

NOTE: This form must be completed and submitted to the Registrar's Office.

This form is in compliance with the Family Educational Rights and Privacy Act of 1974.