



Student Name: _____

Student ID Number: _____

Expected HS Graduation Date: _____

Piedmont Community College

FERPA Release Form

It is the policy of Piedmont Community College, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our student's educational records unless the student has consented to disclose such information. Directory information such as student's name, address, telephone number, date and place of birth, major field of study, date of attendance, and academic honors and degrees awarded may be disclosed to the public. However, private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, _____ (student), authorize Piedmont Community College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Piedmont Community College.

Please initial all that apply:

_____ All academic records.

_____ All contact information

_____ All Financial Aid Information

_____ Release of Transcript

_____ Other: _____

Persons to whom information may be released (i.e. parents/guardians):

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

I acknowledge by my signature that I understand that although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Piedmont Community College. **NOTE: CCP or PECIL student release is automatically revoked when they graduate from high school or are no longer enrolled in CCP or PECIL program.**

Signature: _____ Date: _____