



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: STEM Academy, _____

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: stemacademy

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:
Central Virginia Community College
3506 Wards Road, Lynchburg, VA 24502-2498

Office Use Only

Person who entered authorization into SIS: _____ Date entered: _____