



**Student Consent For Access to Education Records (FERPA Consent Form)**  
Louisburg College  
Office Of The Registrar

Name of Student ( Last, First, Middle Initial)	Home Address	City	State	Zip
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I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Office of the Registrar or person who maintains the records of this authorization. This authorization is good for one year from the date I sign this release unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release

**Section A. Education Records To Be Released**

- ALL STUDENT EDUCATION RECORDS LISTED BELOW**
- LIMITED EDUCATION RECORDS (check all that apply):**
  - Academic Information** (grades/GPA, registration, student ID number, academic progress, enrollment status)
  - Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status)
  - Loan Information** University-maintained loan disbursements, billing and repayment history (including credit reporting history, communication history, balances, collection activity)
  - Student Conduct Records** (campus appearance tickets and other documentation related to the administration of student conduct cases)
  - Housing Information** (room assignment/ room change, housing eligibility, billing, room damage, judicial matters related to housing)
  - Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity)
  - Other** ( please specify, e.g., Student Accessibility Services records, student forms, etc.) \_\_\_\_\_

**SECTION B. Person(s) to whom access to education records may be provided**

Name(s) of person(s) to whom access to records may be provided: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ Relationship to Student \_\_\_\_\_

If disclosure is to parent(s), is the student claimed as a dependent for federal income tax purpose for the year?  Yes  No

**SECTION C. Duration of Release (check one)**

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: \_\_\_\_\_

**SECTION D. Purpose of Release (check one)**

- Family**
- Employment**
- Admission to an Educational Institution**
- other** (please specify): \_\_\_\_\_

I understand that: (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect any written records released pursuant to this consent; and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.

\_\_\_\_\_  
*Student's Signature*                      *Student ID Number*                      *Date*

**Instructions for completing this form:**

1. This form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.
2. Forms can be provided in-person to this address Louisburg College, Office of the Registrar, 501 Main St Louisburg, NC 27549
3. Submission of this form from the student's email account shall serve as an electronic signature

Information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations, which prohibit any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.