**Please complete and return.**

Print Student’s **Full** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST MIDDLE LAST

Student’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (00/00/0000)

**Louisburg College**

FERPA Information Release Form

It is the policy of Louisburg 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, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (print student’s name), authorize Louisburg 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 Louisburg College.

Write a check mark (**** ) beside all that apply:

\_\_\_\_\_\_\_\_ All academic records

\_\_\_\_\_\_\_\_All Financial Aid Information

\_\_\_\_\_\_\_\_Student Accounts

I wish to (please circle one): **Update** my current FERPA **Replace** my current FERPA

List below person(s) to whom information may be released (Print legibly below – Do not include yourself):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Louisburg College.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

>>>>>>Must be a **legible** handwritten signature.

***Completed form not valid until received by the Registrar’s Office in Davis 203 - Registrar Fax 919-496-1788. Failure to circle option (update or replace FERPA) will result in automatic replacement of FERPA release recipients (with the most current form replacing any prior on record).***