



**Student Release Form**

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), Craven Community College is restricted in releasing student information without the consent of the student. It also provides the students a right to inspect his/her records and restrict the disclosure of those records. Further information about FERPA is available on the U.S. Department of Education FERPA website: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

To learn more about FERPA at Craven Community College: <http://cravencc.edu/about/policies/>

I authorize the administrative staff and faculty of the College to release information about my enrollment to the individual(s) listed below:

| Name | Relationship |
|------|--------------|
|      |              |

| Name | Relationship |
|------|--------------|
|      |              |

The disclosure may include, but is not limited to, my attendance, academic, disciplinary or employment records. The person(s) requesting information pertaining to me must identify themselves as listed above and furnish my name, date of birth, and student identification number. This authorization is valid for two (2) years from the date signed below. I may rescind this authorization at any time upon signed written notice.

THIS AUTHORIZATION PROVIDES ONLY FOR THE DISCLOSURE OF INFORMATION. THE PERSON(S) LISTED ABOVE MAY NOT TAKE ACTION ON MY BEHALF INCLUDING REQUESTING ENROLLMENT ACTIVITIES.

| Name | Student Identification Number |
|------|-------------------------------|
|      |                               |

| Student Signature | Date |
|-------------------|------|
|                   |      |

**Notice to Rescind Authorization to Release Student Information**

STOP releasing student information to the following individual(s):

| Student Signature | Date |
|-------------------|------|
|                   |      |

Revised 8/21/19