Cabarrus College of Health Sciences FERPA Release Form



Student Consent for Access to Non-Directory Information

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as Amended, Cabarrus College of Health Sciences will not release student information beyond the college's directory information (with exceptions as outlined in § 99.31) to any third party without written permission by the student.

Name)	5	Student ID #	Date of Birth		
Street	t Address					
City	State	2	Zip	Phone Number		
	Individual 1 Name Relationship to Student Individual's Date of Birth Individual's Date of Birth		Individual 2 Name Relationship to Student			
			Individual's Date of Birth			
			Information to be Released All Records Includes accounting, admission, registration, academic records and financial aid information. Accounting Includes tuition and fees balances, financial holds, mailing and billing address, payment plans, accounting statements and collections and debt information.			
				Admission Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission.		
			Registration Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.			
	Academic Records Includes courses taken, grade received, GPA, academic prog credit awarded and degrees awarded.	ress, honors, transfer	Academic Records Includes courses taken, grade credit awarded and degrees a	e received, GPA, academic progress, honors, transfer warded.		
	Financial Aid Includes FAFSA application status, financial aid eligibility and	aid received.	Financial Aid <i>Includes FAFSA application st</i>	tatus, financial aid eligibility and aid received.		
	Cancel Release		Cancel Release			

I give my permission to allow the above designated individual(s) listed (parents, guardians, spouse, or other) access to my education record. I understand that this record may contain personal identifiable information and can include (but is not limited to) admission, financial aid, advisement, grades, and disciplinary files. This permission will stay in effect until the release is cancelled by me.

I understand that I personally have the right to: 1) request a review of my education records at any time; 2) to request an amendment of my record should I believe there is a discrepancy and; 3) to not consent to the release of my education records.

Student Signature

Date

Please email the completed form to the Office of Student Records and Information Management at <u>registrar@cabarruscollege.edu</u>

	Administrative Use Only Information has been updated in Sonis.	
Signature		Date