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	Name		nt ID #	Date of Birth	
Street	Address				
City	State	Zip		Phone Number	
	Individual 1 Name		Individual 2 Name		
	Relationship to Student		Relationship to Student		
	Individual's Date of Birth		Individual's Date of Birth		
	Information to be Released		Information to be Released		
	All Records Includes accounting, admission, registration, academic records and financial aid information.		All Records Includes accounting, admission information.	n, registration, academic records and financial aid	
	Accounting Includes tuition and fees balances, financial holds, mailing and billing address, payment plans, accounting statements and collections and debt information.			ces, financial holds, mailing and billing address, tements 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.			programs selected, documents received, documents Idmission status and conditions of admission.	
	Registration Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.			ates of enrollment activity, enrollment status, tended and mailing address information.	
	Academic Records Includes courses taken, grade received, GPA, academic progress, honors, transfer credit awarded and degrees awarded.		Academic Records Includes courses taken, grade credit awarded and degrees as	received, GPA, academic progress, honors, transfer warded.	
	Financial Aid Includes FAFSA application status, financial aid eligibility and aid received.		Financial Aid	atus, 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

Administrative Use Only Information has been updated in SonisWeb.	
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Signature