

Authorization to Release Information

in accordance with Family Educational Rights and Privacy Act (FERPA)

Office Use Only: Date Authorization Withd_____

Student Name _____
Last name, first name, middle initial

Class Year: _____ Contact Phone Number: _____

VCOM Email: _____ Secondary Email: _____

1. Authorization: I authorize VCOM to release information as indicated below, and that this authorization may be withdrawn by me at any time through submission of a new Authorization for Release of Information Form.

This form can be used to list up to two individuals, ONLY, if you intend to grant them the same type of information access; please complete a separate form for each individual.

Name of Person	Relationship to Student
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Type of Information Access	Dates of Permitted Access (if any)
<input type="checkbox"/> Academic: (incl. but not limited to) grades, GPA, information, academic progress status, demographic, accommodation needs	from: _____ to: _____
<input type="checkbox"/> Financial: (incl. but not limited to) loan disbursements, Free Application for Federal Student Aid information, awards	from: _____ to: _____
<input type="checkbox"/> Student account: (incl. but not limited to) billing statements, charges, credit payments, past due amounts, collection activity, account balances	from: _____ to: _____
<input type="checkbox"/> Other: _____	from: _____ to: _____

It is the student's responsibility to indicate dates of permitted access. Failure to indicate dates of permitted access means that the student is granting permanent access. Please note that VCOM will not release information past the date of permitted access.

2. Certification:
 Student Signature: _____ Date: _____

Instructions and General Information

Please complete the first page of this form and submit the completed form to the appropriate VCOM office:

by mail:

Virginia Campus: VCOM, (appropriate department), 2265 Kraft Drive, Blacksburg, VA 24060

Carolinas Campus: VCOM, (appropriate department), 350 Howard Street, Spartanburg, SC 29303

Auburn Campus: VCOM (appropriate department), 910 South Donahue Drive, Auburn, AL 36832

Louisiana Campus: VCOM (appropriate department), 4408 Bon Aire Drive, Monroe, LA 71203

OR

in person

OR

by email/fax

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. With limited exception, VCOM is required to receive written consent from students before personally identifiable information can be discussed or released to any third party (e.g., spouse, parent, employer, etc.). This Authorization to Release Information form allows students to grant others access to their records.

FERPA affords students' rights as follows:

- **The right to inspect and review their education record maintained by VCOM.**

Students who wish to inspect and review their education record(s) should notify the Office of the Registrar. VCOM is not required to disclose information if the release of such information would be likely to result in the identification of any individual who is a source of confidential information, or the disclosure of information that is confidential under FERPA, 20 U.S.C. § 121(e) or 34 CFR § 101.117(a)(5). VCOM is not required to disclose information if the release of such information would be likely to result in the identification of any individual who is a source of confidential information, or the disclosure of information that is confidential under FERPA, 20 U.S.C. § 121(e) or 34 CFR § 101.117(a)(5).