Clear Form

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FERPA FORM

What is FERPA?

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. By signing this form, the student allows R-CCC to release records to parents, grandparents, spouse, and/or guardians, and other specified individuals.

I, _____, hereby authorize Roanoke-Chowan Community College to release
(print name)
the following educational records to the designated.

☐ **All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, disciplinary action, residency information, and any other documentation contained in the academic records).

☐ **Instructor/Classroom Records** (records include: attendance records, progress reports, test, and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records, which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

☐ Other (Please Specify)_____

Please Note: Services for Students with Disabilities records are considered medical records and are not covered under the FERPA rules. A separate release form must be obtained from disability services.

The following individual(s) are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

☐ Mother/Stepmother_____ ☐ Father/Stepfather _____

☐ School Principal/Assistant Principal_____ ☐ School Counselor_____

Although I understand I am not required to release this information, I am giving my consent to Roanoke-Chowan Community College to disclose these records. I also understand that this release remains in effect while I am a student at Roanoke-Chowan Community College, unless I revoke my consent in writing and deliver it to the Student Development Services Office at Roanoke-Chowan Community College

_____	_____	_____
SID #	Signature of Student	Date

Original will be kept on file in the Student Services Office.