

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		Student ID #	Date of Birth
Street Address			
City	State	Zip	Phone Number

Individual 1 Name
Relationship to Student
Individual's Date of Birth
Information to be Released
<input type="checkbox"/> All Records <i>Includes accounting, admission, registration, academic records and financial aid information.</i>
<input type="checkbox"/> Accounting <i>Includes tuition and fees balances, financial holds, mailing and billing address, payment plans, accounting statements and collections and debt information.</i>
<input type="checkbox"/> Admission <i>Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission.</i>
<input type="checkbox"/> Registration <i>Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.</i>
<input type="checkbox"/> Academic Records <i>Includes courses taken, grade received, GPA, academic progress, honors, transfer credit awarded and degrees awarded.</i>
<input type="checkbox"/> Financial Aid <i>Includes FAFSA application status, financial aid eligibility and aid received.</i>
<input type="checkbox"/> Cancel Release

Individual 2 Name
Relationship to Student
Individual's Date of Birth
Information to be Released
<input type="checkbox"/> All Records <i>Includes accounting, admission, registration, academic records and financial aid information.</i>
<input type="checkbox"/> Accounting <i>Includes tuition and fees balances, financial holds, mailing and billing address, payment plans, accounting statements and collections and debt information.</i>
<input type="checkbox"/> Admission <i>Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission.</i>
<input type="checkbox"/> Registration <i>Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.</i>
<input type="checkbox"/> Academic Records <i>Includes courses taken, grade received, GPA, academic progress, honors, transfer credit awarded and degrees awarded.</i>
<input type="checkbox"/> Financial Aid <i>Includes FAFSA application status, financial aid eligibility and aid received.</i>
<input type="checkbox"/> 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.	
_____ Signature	_____ Date