In accordance with the Family Educational Rights to Privacy Act (FERPA), Piedmont Virginia Community College protects the personally identifiable information within students’ educational records. FERPA limits the release of educational records, except in those cases where a student provides written authorization. By completing this form, you are authorizing Piedmont Virginia Community College to release information contained within your records.

Name: _______________________________________________________

PVCC Student ID#:__________________Phone:_________________Email:______________________

By signing below, I authorize the following person(s) to have access to my educational records and allow them the freedom to discuss these records with College officials:

Name: ________________________________________________
Relationship to student: __________________________________

Please check all that are applicable:

Class attendance ___       Enrollment information ___
Grades ___        Financial aid information___
Disciplinary action/issues ___     Other ___

________________________________________________________________________

STUDENT’S SIGNATURE: __________________________________________ Date:___________

WITNESSED BY: _______________ Type of ID used to verify: _____________

Additional notes:
Please return the completed form to the Admissions & Advising Center (Main Bldg Room 144)

8/2014
________________________
Records Office Use Only
Date Filed: ______
By:______________