



RELEASE OF INFORMATION TO THIRD PARTY CONSENT FORM

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

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|---------------------------|
| <u>Records Office Use</u> |
| <u>Only</u> |
| Date Filed: _____ |
| By: _____ |