

**Family Educational Rights and Privacy Act (FERPA)  
RELEASE FORM**



**Student must submit this form through their SCC  
student email account.**

Information contained in your student education record is confidential and protected by the Family Educational Rights and Privacy Act (FERPA). Sandhills Community College, or an agent thereof, will not release information pertaining to your education record, other than that deemed directory information, without your prior written authorization. Such authorization to release information from your education records to another person(s) or organization(s) may be designated below.

**SECTION I – STUDENT AUTHORIZATION TO RELEASE EDUCATION INFORMATION**

<b>Student's Last Name</b>		<b>Student's First Name</b>		<b>Middle Name/Initial</b>	
<b>Student's SCC ID Number</b>		<b>Student's Date of Birth (DOB)</b>		<b>Effective Term and Year</b>	<b>FA 2019 - SU 2020</b>
<small>I understand that this authorization to release information will remain in effect for the above term/year only.</small>					

**Purpose of Disclosure (check all that apply):**

Family Communications  
 Employment  
 Admission to Educational Institution  
 Other (specify): \_\_\_\_\_

**I authorize Sandhills Community College to release the following information from my educational record:**

<b>Academic Info</b> <input type="checkbox"/> Grades <input type="checkbox"/> GPA <input type="checkbox"/> Enrollment status <input type="checkbox"/> Registration	<b>Financial Aid/Veterans Benefits</b> <input type="checkbox"/> Awards/Benefits/Loans <input type="checkbox"/> Application Data <input type="checkbox"/> Disbursements <input type="checkbox"/> Eligibility	<b>Student Account Info</b> <input type="checkbox"/> Billing activity <input type="checkbox"/> Charges <input type="checkbox"/> Credits <input type="checkbox"/> Payments <input type="checkbox"/> Balances	<input type="checkbox"/> All record info listed <input type="checkbox"/> Other (specify): _____ _____ _____ _____
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**I authorize Sandhills Community College to release the information from my educational record noted above to the following person(s) or organization(s):**

<b>Name and Phone Number</b>		<b>Relationship:</b>		<b>Last 4 Digits of SSN:</b>		<b>DOB</b>	
<b>Name and Phone Number</b>		<b>Relationship:</b>		<b>Last 4 Digits of SSN:</b>		<b>DOB</b>	