

FERPA Release Form



APPALACHIAN
— SCHOOL OF LAW —
OFFICE OF THE REGISTRAR

1169 Edgewater Drive
Grundy, VA
Fax: (276) 935-8261
registrar@asl.edu

■ FERPA REQUIREMENTS

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, gives certain rights to students concerning the privacy of, and access to, their educational records. FERPA requires covered colleges and universities to obtain written consent from an eligible student before it can disclose protected information from a student's education records to a third party, including a student's parents, absent an exception authorized by law. An eligible student is the student who reaches the age of 18 or attends a post-secondary institution at any age.

Complete the information below:

Student Name : _____
Student ID : _____
Date Form Submitted : _____

By signing below, I, _____ (name of consenter) hereby agree to allow **The Registrar's Office** to disclose the following listed records to _____ (ASL clubs, third party, etc.) for the student named above.

Limit my information to include (e.g., grades, transcript, GPA, financial aid, etc.):

I understand that I may withdraw my consent to share this information at any time by making a written request to the institution to the attention of the following: (Insert university office to submit request).

Signature of Student : _____
Date : _____

For additional information about FERPA, please see the U.S. Department of Education's website located here at <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Signature of Registrar's Office : _____
Date Processed : _____