

FERPA Consent to Release Student Information

I understand that by signing this form, I am authorizing NC State University to release the information listed to the individuals/agencies as indicated below. This release is signed voluntarily, and I understand that I may revoke this release at any time by delivering written notice to NC State. Any information that had previously been released with my permission will not be impacted by this written revocation.

I authorize the release of the following files or information (check each applicable box):

- | | |
|---|---|
| <input type="checkbox"/> Admission Records | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Financial Records | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Disciplinary Record | <input type="checkbox"/> Graded Submissions |
| <input type="checkbox"/> Immigration Record | <input type="checkbox"/> Course Grades |
| <input type="checkbox"/> Contact Information
(including physical address and phone number) | <input type="checkbox"/> Registration and Enrollment Information, including health or safety information affecting status |
| | <input type="checkbox"/> Academic Status and Progress Toward Degree |
| | <input type="checkbox"/> Other: _____ |

This information shall be released to the following individual(s) and/or agency (include contact information when possible):

The purpose of this record disclosure is: _____

I understand further that: (1) I have the right not to consent to the release of my education records and information; and (2) I have the right to receive a copy of such records upon request.

Student Name (print): _____

Student Signature: _____

Student ID Number: _____

Date: _____