

FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your educational records.

Please provide information from the education records of:

Student's name – print

To: _____
Name(s) of requestor

Relationship to the student such as "parent," "spouse," "prospective employer," or "attorney"

Password/code (select an identifier to provide requestor) or agency or company Tax ID number of requestor

Note: This consent does not cover medical records held solely by Student Health Services or University Counseling Services. Contact those offices for consent forms.

Student Declaration:

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect until otherwise revoked by me.

Student Name (**print**) _____

Student Signature _____

Student ID Number _____

Academic Year _____ Date _____

Notary Signature _____

Form must be notarized if not delivered in person by student.

Send form to appropriate office.

Virginia Commonwealth University

Office of Financial Aid • P.O. Box 843026 • Richmond, VA 23284

Office of Records and Registration • P.O. Box 842520 • Richmond, VA 23284

Student Accounting Department • P.O. Box 843036 • Richmond, VA 23284



Virginia Commonwealth University
Office of Records & Registration
Division of Student Affairs & Enrollment Services
P.O. Box 842520 • Richmond, VA 23284-2520
www.enrollment.vcu.edu/rar/