



## 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 \_\_\_

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STUDENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Additional notes: Please return the completed form in person to the Admissions & Advising Center (Main Bldg room 144) and present appropriate ID. To return by email, this form must be submitted through the student's email.vccs.edu account to be considered certified permission from the student.

**Records Office Use**

**Only**

Date Filed: \_\_\_\_\_

By: \_\_\_\_\_