

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS
PRESBYTERIAN COLLEGE
OFFICE OF THE REGISTRAR

Name of Student (Last, First, Middle Initial): _____	Student ID: _____	Date: _____
---	----------------------	----------------

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes Presbyterian College to release education records to third parties, it does not obligate Presbyterian College to do so. Presbyterian College reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit Presbyterian College's FERPA Information page at www.presby.edu/registrar/academic-resources/ferpa/ or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

ELECTION A. Education Records to be released (check all that apply):

- Academic Information** (grades/GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Loan Information** (College-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity)
- All Categories of Education Records**
- Other** (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided:

 Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary)

 Address(es) of person(s) to whom access to records may be provided

 Relationship to Student

SECTION C. Duration of release (check one):

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: _____

SECTION D. Purpose of release (check one):

- Family Communications**
- Employment**
- Admission to an Educational Institution**
- Other** (please specify): _____

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the College Registrar.

 Student's Signature (Date) Signature of Parent or Guardian (if under 18) (Date)

Instructions for completing this form:

1. This form must be fully completed and signed by the student. Records cannot be released if any Section of this form is not filled out entirely.
2. Completed forms should be submitted to the Office of the Registrar (registrar@presby.edu); or mailed to Office of the Registrar (503 S. Broad St. Clinton, SC 29325); or faxed to the Office of the Registrar (864-938-3776). Questions about this form may be directed to the Office of the Registrar (864-833-8201).

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.