

James Sprunt Community College

Student Release Authorization Form

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a Federal law that protects the privacy of student education records. In compliance with FERPA, James Sprunt Community College has designated the items below as "Directory Information" and may release this information at its discretion. It includes, but is not limited to:

Student name, address, telephone, electronic mail address, photograph, date and place of birth, major field of study, dates of attendance, grade level, enrollment status, most recent college attended, participation in officially recognized sports and activities, honors and awards received (includes Dean's and President's Lists), degree(s) conferred.

James Sprunt Community College prohibits providing certain information from your student records to a third party, such as grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, and work-study or loan amounts) and other student record information. This restriction includes, but is not limited to, your parents, spouse or a sponsor. In order for JSCC to release information to anyone other than approved entities under the FERPA law, this release form must be signed by you (the student) and will remain in effect until revoked by you in writing. Certain aspects of student records (income, grade point average, grades, and account balance) could require discussion in person.

I hereby waive my rights under FERPA and authorize JSCC - Student Services the right to release/discuss student information with JSCC staff/faculty as it pertains to assisting the student with JSCC programs. In addition, I authorize JSCC to release or discuss my student information and other non-directory information to the parties (parent(s), spouse, employer, scholarship provider, and other agencies) listed below:

Student Name (printed) _____ Student ID # _____

JSCC email _____ Phone (Cell or Home) _____

Designated 4 digit code _____ (*Provide this to the Individuals/agencies listed below.)

Permission to discuss student record with... (Print clearly)

- | | |
|---------------|--------------------|
| 1) Name _____ | Relationship _____ |
| 2) Name _____ | Relationship _____ |
| 3) Name _____ | Relationship _____ |
| 4) Name _____ | Relationship _____ |
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I understand that by signing this authorization:

- I authorize the above individuals/agencies access to my educational information. *Certain items could require discussion in person.
- I understand that this authorization will remain in effect until I submit a written request to cancel it.

Student Signature _____ Date _____