



WINSTON-SALEM STATE UNIVERSITY

Office of the Registrar

202 Thompson Center
601 S Martin Luther King Jr. Drive
Winston-Salem, North Carolina 27110
336-750-3330 (p) · 336-750-3332 (f)

FERPA RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

In accordance with FERPA, it is Winston-Salem State University's policy to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide the consent to Winston-Salem State University required by FERPA.

I, the undersigned, hereby authorize the Winston-Salem State University to release/discuss the specified educational records and information:

Educational Records and Information: [Please check all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Review of all Educational Records | <input type="checkbox"/> Financial Aid Records |
| <input type="checkbox"/> Grades for the Academic Year/Transcript | <input type="checkbox"/> Billing, Payments, Student Accounts Records |
| <input type="checkbox"/> Official Transfer Credit Evaluation/
Degree Progress Report | <input type="checkbox"/> Military/Active Duty Records |
| <input type="checkbox"/> Recommendations: Employment/Admissions | <input type="checkbox"/> Veterans Records |
| <input type="checkbox"/> All Records : _____ | <input type="checkbox"/> Disciplinary Records |
| | <input type="checkbox"/> Other (specify): _____ |

To: _____
[Please print name]

Relationship: _____
[Please print relationship]

Address: _____

For the purpose of:

- | | |
|--|--|
| <input type="checkbox"/> Family Communications about the University Experience | <input type="checkbox"/> Professional Certification of Licensure |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Handling my Department of Veterans Affairs Educational Benefits |
| <input type="checkbox"/> Admission to an Educational Institution | <input type="checkbox"/> Other: _____ |

I understand this information may be released orally or as copies of written records. I understand I have the right to inspect any written records released pursuant to this Release (except for parents' financial records and certain letters of recommendation for which I have waived my inspection rights). I understand I may revoke this Release prospectively.

This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.

This release form is effective _____ **to** _____
Day/Month/Year Day/Month/Year

Student's Signature Date

Student's Name (Please Print)

Signature of Parent or Guardian (if the student is under the age of 18)

Student Identification #