



North Carolina A&T State University Student Release Authorization Form

In compliance with Federal Family Education Rights and Privacy Act of 1974 (FERPA), North Carolina A&T State University (NC A&T) is prohibited from providing certain information from your student records to a third party, such as grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work-study or loan amounts) and other student record information. This restriction includes, but is not limited to, your parents, spouse or a sponsor. FERPA is a Federal law that protects the privacy of student education records. In order for the University to release information to anyone other than yourself, various on-campus offices, federal, state and law enforcement agencies are exempt 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.

Please note that it is the policy of NC A&T **not to** release certain aspects of student records (income, grade point average, grades, and account balance) over the telephone or via e-mail. Students must visit the respective offices to obtain this information.

I hereby waive my rights under FERPA and authorize NC A&T the right to release or discuss my student information with University staff/faculty in the Admissions; Registrar; Financial Aid; Treasurer's Office; New Student Programs; Housing & Residence Life; Student Affairs; Athletic Department; Distance Learning and other University offices. In addition, I authorize NC A&T to release or discuss my student information and other non-directory information to the parties (parent(s), spouse, employer, high school, scholarship provider and other agencies) listed below:

(Please Print; Information will not be released if we cannot read the individual or organization's name.)

SECTION A. Student Information		
Student Name (Last, First, Middle Initial): _____	Banner ID: 950_____	Designate a 4 Digit Passcode _____ <i>(The Passcode must be provided to the individual/agencies listed below.)</i>
Telephone Number () _____ <input type="checkbox"/> Cell or <input type="checkbox"/> Home		
Email Address: _____@ncat.edu		
SECTION B. Third Party Designee		
Name (Last, First, Middle Initial or Agency/Organization Name): _____ _____ _____ _____	Relation to Student _____ _____ _____ _____	Daytime Telephone Number () _____ () _____ () _____ () _____
SECTION C. Certification		
I understand that by signing this authorization:		
<ul style="list-style-type: none"> • I authorize the above third party, named in Section B, access to my educational information. • I understand University policy prohibits the release of certain aspects of student records over the telephone, as indicated above. • I attest that I am the student signing this form. • I understand that this authorization will remain in effect until I submit a written request to cancel it. 		
Student's Signature	Date	

*****OFFICE USE ONLY*****

Received By: _____ Date Received: _____
Processed By: _____ Dated Processed: _____