

## Family Educational Rights and Privacy Act (FERPA)

### Information Disclosure Consent

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records. Please see <https://www.peace.edu/academics/academic-resources/office-of-the-registrar/> for details regarding the University's FERPA policy. This form provides students the opportunity to give and/or to revoke consent for individuals to have access to their academic record in correlation with FERPA guidelines. **This form must be filled out in blue or black ink. Pencil is not accepted.**

First	Middle	Last	Student ID
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#### I. GRANT CONSENT:

The following consent of release of information, unless revoked by me in writing, shall be effective indefinitely.

I hereby authorize the disclosure of the following information to the following individuals:

<input type="checkbox"/> All items in my education record OR <input type="checkbox"/> Only these parts of my education record: <input type="checkbox"/> Official academic transcript <input type="checkbox"/> Course and grade information <input type="checkbox"/> Financial Aid records <input type="checkbox"/> Student Account Financial information <input type="checkbox"/> Disciplinary records <input type="checkbox"/> Student Life records <input type="checkbox"/> Other: _____	<input type="checkbox"/> All items in my education record OR <input type="checkbox"/> Only these parts of my education record: <input type="checkbox"/> Official academic transcript <input type="checkbox"/> Course and grade information <input type="checkbox"/> Financial Aid records <input type="checkbox"/> Student Account Financial information <input type="checkbox"/> Disciplinary records <input type="checkbox"/> Student Life records <input type="checkbox"/> Other: _____
Release Information to Person:  Name: _____  Relation to Student: _____  Telephone: _____  Email: _____	Release Information to Person:  Name: _____  Relation to Student: _____  Telephone: _____  Email: _____

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*



William Peace University  
15 East Peace Street Raleigh, NC 27604  
P: 919-508-2012 F: 919-508-2337  
registrar@peace.edu

**II. REVOKE CONSENT:**

I hereby revoke the access I previously granted \_\_\_\_\_.  
FIRST NAME LAST NAME

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICIAL USE ONLY**

Form Received By: \_\_\_\_\_

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

Record Updated By: \_\_\_\_\_

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

Revocation Processed By: \_\_\_\_\_

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