



**STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS**

HIGH POINT UNIVERSITY

OFFICE OF THE REGISTRAR

ROBERTS HALL 101

(336) 841-9205

Name of Student (Last, First, Middle Initial): _____	Student ID: _____	Date: _____
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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 High Point University to release education records to third parties, it does not obligate High Point University to do so. High Point University reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

***This authorization will remain active for the duration of the student's enrollment at High Point University.  
Any changes to this authorization must be submitted in writing to the Office of the Registrar  
This is not a transcript request form.***

Education records to be released
<p>This form applies to the release of Education Records, a term that most commonly refers to:</p> <ul style="list-style-type: none"> <li>• <b>Academic Information</b> (grades/GPA, registration, student ID number, academic progress, enrollment status)</li> <li>• <b>Financial Aid Information</b> (awards, application data, disbursements, eligibility, financial aid, academic progress status, billing and repayment history, credit reporting history, communication history, balances, collection activity)</li> <li>• <b>Student Life Information</b> (disciplinary actions that do not involve criminal activity)</li> </ul> <p>Please choose the one option below that reflects your intention regarding the release of your education records:</p> <p><input type="checkbox"/> I consent to the release of <u>all</u> education records held by High Point University.</p> <p><input type="checkbox"/> I do not want <u>any</u> education records held by High Point University to be released.</p> <p><input type="checkbox"/> I do not want the following education records held by High Point University to be released: _____ _____ _____</p>

Person(s) to whom access to education records may be provided (additional pages may be attached to this form if you wish to release education records to more than two people)
<p>_____ Name</p> <p>_____ Address</p> <p>_____ Relationship to Student</p>
<p>_____ Name</p> <p>_____ Address</p> <p>_____ Relationship to Student</p>

Purpose of release (check one)
<p><input type="checkbox"/> Family Communications    <input type="checkbox"/> Employment    <input type="checkbox"/> Admission to Educational Institution    <input type="checkbox"/> Other_____</p>

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 University Registrar.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Please return this completed form to the Office of the Registrar, Roberts Hall 101**