

**Davidson-Davie Community College
FERPA CONSENT FORM
(Family Educational Rights and Privacy Act)**

STUDENT INFORMATION		Student ID:	
First Name:		Last Name:	
Date of Birth:		Phone:	

CONSENT TO DISCLOSE PERSONALLY IDENTIFIABLE INFORMATION

I hereby consent to the disclosure of education records maintained by Davidson-Davie (listed below). The following individuals or agencies may have access to these records for the purpose of providing assistance in reaching my goals.

Full Name	Relationship	Phone	Email

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 records disclosed upon request, (3) and that this consent shall remain in effect until revoked by me and delivered to the Davidson-Davie Registrar, but that any such revocation shall not affect disclosures previously made by Davidson-Davie prior to the receipt of any such written revocation.

Consented and agreed to:

_____ Date _____
Student Signature

EDUCATION RECORDS ALLOWED *(check one or more to grant authorization)*

- Academic** – Grades/GPA, demographic, registration, student ID number, academic progress status, and/or enrollment information
- Financial** – Billing statements, charges, credits, payments, past due amounts, and/or collection activity
- Financial Aid** – Awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress

REVOCAION OF CONSENT *(not valid until received by the Registrar)*

I hereby revoke the consent granted to the individuals or agencies above.

_____ Date _____
Student Signature