

## ***Student Information Release Form Instructions***

- Subject to certain exceptions set forth in the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Virginia Western Community College will not provide personally identifiable student information (including but not limited to grades, billing, tuition and fees assessments, financial aid and other student records) to an organization, parent, spouse or other party without the student's consent.
- Students may choose to grant Virginia Western Community College permission to release certain information to an organization, parent, spouse or other party by submitting this form. A separate form must be submitted for each organization/individual to whom access should be granted.
- Please note: If you do not wish to grant access to your information, you do not need to complete this form.
- Records will only be provided when requested by an organization, parent, spouse or other party. They will not be sent automatically by Virginia Western.
- Students who choose to designate an organization, parent, spouse or other party should complete the following sections:
  - Student Information
  - Party to Whom Information will be Released (organization, parent, spouse, or other party)
  - Information to be Released (check appropriate boxes)
    - **Dual enrollment students** should leave the financial aid and financial records checkboxes blank
  - Sign Certification section
  - Student should select a PIN number of at least four-digits, if they wish to designate an organization, parent, spouse or other party to be able to obtain information by telephone, fax or e-mail. The organization, parent, spouse or other party will need to provide this PIN number to obtain student information.
  - Select the length of time this release should remain in effect.



## Student Information Release Form

In accordance with the Family Education Rights and Privacy Act (FERPA)

VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704  
 Fax: 540-857-6102 Email: records@virginiawestern.edu

Student Information			
Name (Last, First, MI)		VWCC Empl ID	
Address		Phone	
City/State		Zip	
Party to Whom Information will be Released (organization, parent(s), spouse, or other party)			
Name (Last and First) and Relation to Student, Organization, or Instructor(s) for Letters of Recommendation:			
Address		Phone	
City/State		Zip	
Information to be Released (Check one or more of the boxes below to grant authorization)			

- Letter of Recommendation for employment, admission to educational institution or scholarship/award, etc.
- Grades/GPA, registration, academic standing, class schedule, transcripts and/or enrollment information
- Financial aid awards, application data, disbursements, eligibility and/or financial aid satisfactory progress
- Financial records including statements, charges, credits, payments and past due amounts
- Other (specify) \_\_\_\_\_

Certification	
By signing below, I consent to the release of the information indicated above to the individual listed above:	
Student Signature	Date

**In order to have information released via phone, fax, or email to the Party to Whom Information will be Released listed above, a personal identification number (PIN) of at least four-digits must be assigned by the student. The Party to Whom Information will be Released must identify this PIN number to receive student information. PIN \_\_\_\_\_**

This consent shall remain in effect through (choose one):

- Entire duration of enrollment with Virginia Western Community College
- Academic Year or Term (specify) \_\_\_\_\_
- Until graduation from high school. Provide graduation date \_\_\_\_\_

*(To remove Information Release Authorization, submit a Notification of Change form.)*

Records Office Only:	Entered by: _____	2/16
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