

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.
- ****To complete this Release Form for permission to use classroom recordings for limited educational purposes complete only the sections marked with an asterisk **.**
- 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 a parent, spouse, organization, or other party. They will not be sent automatically by Virginia Western.
- Students who choose to designate a parent, spouse, organization/other party, OR have a Virginia Western instructor write a letter of recommendation should complete the following sections:
 - Student Information
 - Party to Whom Information will be Released (parent, spouse, organization, other party) OR provide the name of the instructor who will write a letter of recommendation
 - Information to be Released (check appropriate boxes)
 - Student should select a PIN number of at least four-digits if they wish to designate a parent, spouse, organization, or other party to be able to obtain information by telephone, fax, or e-mail. The parent, spouse, organization, or other party will need to provide this PIN number to obtain student information
 - Indicate the length of time this release should remain in effect
 - Signature – gives permission for this information to be released



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@viriniawestern.edu

Student Information			
** Student Name		** VWCC EmplID (student ID)	
Phone Number	cell: _____ other: _____		
Party to Whom Information will be Released (parent(s), spouse, organization, or other party)			
First and Last name along with relation to Student or Organization Name to whom information will be released: Virginia Western Community College			
Address		Phone	
City/State		Zip	

OR

**** I understand that class sessions and projects for the course below may be audio and/or video recorded by the instructor and may contain my name, likeness, voice, or other personally identifiable information. I give Virginia Western permission to release these FERPA protected classroom recordings for the limited purpose of sharing with other students who are not enrolled in the same course, for instructional and educational purposes only.**

(Only Complete this section for releasing classroom recordings)

**** Course Number:** _____

**** Instructor:** _____

**** Term:** _____

OR

I give the following Virginia Western instructor(s) permission to write a letter of recommendation on my behalf:

Information to be Released (Check one or more of the boxes below to grant authorization)

- Grades/GPA, registration, academic standing, class schedule, transcripts, and/or enrollment information
- Financial aid awards, disbursements, eligibility, and/or financial aid satisfactory progress (FAFSA data – including EFC - may not be released)
- Financial records including statements, charges, credits, payments, and past due amounts
- Classroom recordings that may contain my voice, likeness, or other personally identifiable information.
- Other (specify) _____

In order to have information released via phone, fax, or email to the parties 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 high school graduation date _____

By signing below, I consent to the release of the information indicated above to the individual(s) or organizations listed or by the instructor(s) specified above:

** Student Signature	** Date

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

Records Office Use Only:

Entered by: _____

3/2021