

Davidson County Community College FERPA CONSENT FORM

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

OPTION A: CONSENT TO DISCLOSE PERSONALLY IDENTIFIABLE INFORMATION

I hereby consent to the disclosure of education records maintained by DCCC. The following individuals or agencies may have access to these records:

Full Name	Relationship

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to receive a copy of such records disclosed upon request, (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the DCCC Director, Student Records and Registration, but that any such revocation shall not affect disclosures previously made by DCCC prior to the receipt of any such written revocation.

Consented and agreed to:

Student Signature

Date

REVOCATION OF CONSENT *(not valid until received by the Director, Student Records and Registration)*

I hereby revoke the consent granted above.

Student Signature

Date

OPTION B: DO NOT DISCLOSE "DIRECTORY" INFORMATION

By signing below, I am requesting that Davidson County Community College not disclose my "directory" information to a third party, which may include requests for enrollment and degree verifications from employers.

Student Signature

Date