



**STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS**

**HIGH POINT UNIVERSITY**  
 OFFICE OF THE REGISTRAR  
 ROBERTS HALL 101  
 (336) 841-9029

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 and will expire upon degree conferral or total withdrawal from High Point University.**

**Any changes to this authorization must be submitted\* in writing to the Office of the University Registrar.**

<b>Education records to be released (check <u>all that apply</u>)</b>
<input type="checkbox"/> <b>Academic Information:</b> grades/GPA, registration, student ID number, academic progress, enrollment status <input type="checkbox"/> <b>Financial Aid/Loan Information:</b> awards, application data, disbursements, eligibility, financial aid status and repayment history (including credit reporting history), communication history, balances, collection activity) <input type="checkbox"/> <b>Student Life:</b> disciplinary actions that do not involve criminal activity <input type="checkbox"/> <b>Student Account Information:</b> billing statements, charges, credits, payments, past due amounts, collection activity <input type="checkbox"/> <b>NONE: No records listed above should be disclosed</b> <input type="checkbox"/> <b>Other</b> (please specify): _____

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

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 amend and/or revoke this consent at any time by delivering a written revocation to the Office of the University Registrar.

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

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely. **Electronic signatures will not be accepted.**
2. Completed forms should be submitted to the Office of the University Registrar in Roberts Hall Suite 101 **or** mailed to the Office of the University Registrar, Drawer 38, One University Parkway, High Point, NC 27268 **or** emailed to [mkirk@highpoint.edu](mailto:mkirk@highpoint.edu)
3. **Submission of a new form will replace any existing FERPA authorization\* on file.**

**FOR OFFICE USE ONLY**

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Questions about this form may be directed to the Office of the University Registrar at (336)-841-9029