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: ____________________________

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.

This authorization will remain active for the duration of the student’s enrollment at High Point University and will expire upon degree conferral, total withdrawal from High Point University or submission of a new form. Any changes to this authorization must be submitted in writing to the Office of the University Registrar.

Education records to be released (check all that apply)

☐ Academic Information: grades/GPA, registration, student ID number, academic progress, enrollment status
☐ Financial Aid/Loan Information: awards, application data, disbursements, eligibility, financial aid status and repayment history (including credit reporting history), communication history, balances, collection activity
☐ Student Life: disciplinary actions that do not involve criminal activity
☐ Student Account Information: billing statements, charges, credits, payments, past due amounts, collection activity
☐ Letter of Recommendation: faculty member(s) listed below are allowed to write a letter of recommendation on my behalf
☐ NONE: No records listed above should be disclosed

Person(s) to whom access to education records may be provided
(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 completed in full 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 from the student’s HPU assigned email directly to registraroffice@highpoint.edu

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

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.