



OFFICE of THE REGISTRAR

FERPA Consent to Release Student Information

Date: _____

Student ID Number: _____

Student's Name (Please Print Legibly): _____

The student must be in active status at the time of consent in order for this form to be valid, and it will remain valid until the student graduates. This form can only be revoked by the student.

[The University adheres to the established rules on the confidentiality of students education records in accordance with the provisions of the Family Education Rights and Privacy Act of 1974 (P.I, 93-380, commonly known as the Buckley Amendment.)]

I hereby authorize the person(s) named below to obtain academic and/or other information as it relates to my student education record at Elizabeth City State University.

Student's Signature _____

Name and address of person(s) authorized to receive information:

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Return completed form to:
Office of the Registrar, CB 953
Elizabeth City State University
1704 Weeksville Road
Elizabeth City, NC 27909
Fax: 252-335-3729

OFFICE of THE REGISTRAR