

**North Carolina State University  
FERPA Consent Form to Release Student Information**

*Return by hand to the Department of Registration and Record, 1000 Harris Hall*

*Identity of student must be verified in person – access can also be granted by student through MyPack Portal*

**PRIVACY RELEASE:** North Carolina State University is required to follow the guidelines set forth in the Family Educational Rights and Privacy Act (FERPA). Your educational records are confidential and will only be shared by the university officials with other NC State administrators or lending agencies that have a legitimate need to know this information. With your permission, we will share your educational records with your parent(s), spouse, and/or other individuals you may choose to designate, including academic records, account/billing information, and/or financial aid records. This privacy release will remain in effect for the duration of your enrollment at NC State University. If you wish to change the names of the individuals to whom your educational records may be released, log in to the student self-service application or come by the Department of Registration and Records. (Note: This Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

**Student's Name:** \_\_\_\_\_

**Campus ID #:** 000 - \_\_\_\_\_

In the table below, please identify those persons you wish to have access to your educational records. In order to provide information over the telephone to the designee, we must be able to verify their identity. This can be achieved by designating an alphanumeric access code and a hint that will help the designee remember the access code if it is forgotten. Make sure to provide an access code and hint for each person. Indicate with an X to which type(s) of records they may access.

	<b>Name</b>	<b>Relationship</b>	<b>Code (alpha- numeric)</b>	<b>Hint</b>	<b>Academic Records</b>	<b>Accounts (billing)</b>	<b>Financial Aid Records</b>
<b>Ex.</b>	<b>John Smith</b>	<b>Father</b>	<b>Maya</b>	<b>Cat's name</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>#1</b>							
<b>#2</b>							
<b>#3</b>							

I understand the information may be released verbally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent at any time.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Internal Use Only:</b></p> <p>Identification Verified with _____ by _____ on _____  <small>(type of ID) (name and department abbreviation) (date)</small></p> <p>Permission stored in MyPack Portal (date) _____</p>
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