

FERPA Release of Student Information

Registrar@usca.edu - (803) 641-3550 – Penland 109



U of SC Aiken

Registrar

Student educational records are protected by the [Family Educational Rights and Privacy Act \(FERPA\)](#). Any student, regardless of age, enrolled at a post-secondary institution has the right to privacy of educational records. This right may be waived only by the student to the individuals/entities listed below.

This release takes effect as of the date signed by the student and will remain in effect until one of these conditions is met: graduation from the university, after six months of noncontinuous enrollment, upon the expiration date assigned by the student, or upon written withdrawal of this release by the student. University administrators will use discretion when responding to requests for information and may refuse to release information if the requestor's identity cannot be confirmed. The following records are not covered under this agreement, and will not be issued: medical, counseling, student employment, law enforcement, and extra-curricular activities.

Student Information:

Full Name: _____

USC or VIP ID: _____

Campus Email: _____

Individuals/Entities Granted Access to Records:

Full Name of Person or Organization

Relationship to Student

Full Name of Person or Organization

Relationship to Student

Full Name of Person or Organization

Relationship to Student

Full Name of Person or Organization

Relationship to Student

Records Permitted by Student for Release:

- | | |
|--|--|
| <input type="checkbox"/> Academics | (grades, attendance, GPA) |
| <input type="checkbox"/> Billing | (tuition and fee amounts, payments) |
| <input type="checkbox"/> Financial Aid | (award status and amounts) |
| <input type="checkbox"/> Housing | (dates of occupancy, damages) |
| <input type="checkbox"/> Student Conduct | (details associated with this student) |

Limitations (or a date of expiration) to the release of information to the individuals/entities listed above, if any:

Acknowledgement:

☐ I understand that my educational records are protected by FERPA, and that I have the right to withdraw this release at any time without notice to the individuals or entities listed above.

Signature: _____

Date: _____

Office of the Registrar

Date Received: _____

Initials: _____

Notes: