

# College of The Albemarle

## *FERPA Release Form*

In general, the Family Education Rights and Privacy Act of 1974 (FERPA) prohibits access and release of a college student's educational records without the student's written consent. By signing this form, the student allows the College of The Albemarle to release information to parents, grandparents, spouses, guardians, and others as designated.

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I, \_\_\_\_\_ the undersigned, hereby authorize College of The Albemarle to release the following educational records upon request to the designated individuals or entity below (check all that apply):

- All Financial Records (including Financial Aid)  
*Financial Aid Award Year* \_\_\_\_\_
- Academic Records/Transcripts
- Student Conduct Records
- Other Educational Records (please specify): \_\_\_\_\_

***Please complete the following information. This form is only good for one academic year.***

Student signature (required) \_\_\_\_\_ Date \_\_\_\_\_

COA ID Number \_\_\_\_\_ or Last four digits of SSN \_\_\_\_\_

Designated Individual

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

Return signed FERPA release to:  
College of The Albemarle  
ATTN: Registrar  
PO Box 2327  
Elizabeth City, NC 27906-2327