



STUDENT RELEASE/OPT OUT FORM

College of The Albemarle will not release a student's educational records to any third-party unless the student consents to the release or a valid, legal exception applies. The College may release the following directory information without student consent: student's name; major field of study; participation in officially recognized activities and sports; dates of attendance, grade level and enrollment status; and, degrees, honors and awards received. Students who do not wish to have their directory information released must comply with the "opt out" provisions designated in the FERPA annual notice. For more information regarding release of educational records and directory information, see Policy 5.4.3 - Student Records FERPA and Procedure 5.4.3.2- FERPA Annual Notice.

Student Name: _____

COA ID Number: _____ Cell Phone/Phone Number: _____

Only one section is required. This form is good for one year.

FERPA Release

Family Educational Rights and Privacy Act of 1974 (FERPA) provides students with certain rights to privacy of their educational records and rights of access by others to their educational records. By signing this form you are providing consent for the College to release your educational records to the third-party listed below.

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

Designated Individual: To Receive Educational Record

Name: _____
PRINTED

Address: _____
PRINTED

Student Signature (required): _____ Date: _____

Directory Information: "Opt Out"

By checking this box, you are indicating that you do not want the College to disclose your directory information as described above from your education records without your prior written consent. In order to "opt out" a completed Student Release Form must be submitted to the registrar's office within fourteen (14) days of the beginning of the academic year or within fourteen (14) days of you enrolling in the College.

Student Signature (required): _____ Date: _____

Please return signed form to the College of The Albemarle Registrar