



## Student Disclosure Request

**What is the Student Disclosure Request Form?** The disclosure request form is guided by FERPA and is how a student may provide written consent to allow someone other than themselves to be provided information in relation to their educational record. FERPA (Family Educational Rights and Privacy Act of 1974) is also known as the Buckley Amendment. The act, and regulations implemented by the Department of Education, regulates the dissemination of student educational records at all colleges and universities that receive federal funds. When a student turns 18 years old, **or enters a postsecondary institution at any age**, the rights under FERPA transfer from the parents to the student. One of the student's rights under FERPA at the postsecondary institution is the right to provide written consent before the college discloses personally identifiable information from the student's education records to anyone other than the student. Under this right, the College requires the student's written consent before disclosing information such as, but not limited to, class schedules, grades, and attendance information. For more detailed information about FERPA rights, please visit the College Catalog and Student Handbook at cfcc.edu/college-catalogs.

**What is Directory Information?** Directory information as identified in the CFCC College Catalog includes name, major/field of study, full-time/part-time enrollment, the most recent college attended, dates of enrollment, degrees and awards received, and the college assigned email address. The College may disclose this directory information to the general public without a student's consent. Under the provisions of FERPA, the student has the right to withhold disclosure of such directory information by completing this signed request.

This form serves these purposes: (1) To allow the college to disclose educational records to someone other than the student. (2) To request that directory information not be disclosed. (3) To *rescind* a previously allowed disclosure of information. (4) To *rescind* withholding of directory information (allow disclosure of information). Please select only one option per form submission.

**\*\*\*\*\*CHECK ONLY ONE OPTION PER FORM SUBMISSION\*\*\*\*\***

### TO AUTHORIZE THAT THE COLLEGE MAY SPEAK WITH SOMEONE ELSE ABOUT YOUR EDUCATIONAL RECORD:

\_\_\_ I hereby request that CFCC may disclose educational records to the following person(s):

Name(s) \_\_\_\_\_

**Required:** For verification purposes, you must provide 2 security questions and answers that the above named person(s) must answer before the college may speak with them about your educational record:

Question \_\_\_\_\_ Answer \_\_\_\_\_

Question \_\_\_\_\_ Answer \_\_\_\_\_

*I understand I am not required to release my educational records. I am giving my consent to Cape Fear Community College to disclose these records. I understand that this release remains in effect while I am a student at Cape Fear Community College unless I rescind my consent in writing and deliver it to the Registrar's Office at Cape Fear Community College.*

### TO REMOVE AUTHORIZATION FOR US TO SPEAK WITH THE PERSON(S) LISTED BELOW:

\_\_\_ I hereby *rescind* my request to have CFCC disclose educational records to the following person: \_\_\_\_\_

### TO REQUEST THAT THE COLLEGE WITHHOLD DIRECTORY INFORMATION:

\_\_\_ I hereby request that CFCC withhold disclosure of directory information to third parties (remains in effect while a student is at the College unless the student rescinds it.)

\*\* If a more restrictive block is needed (this rare), you must contact the Registrar directly.

### TO REMOVE A PREVIOUS REQUEST TO WITHHOLD DIRECTORY INFORMATION:

\_\_\_ I hereby *rescind* my request for CFCC to withhold directory information.

### STUDENT SIGNATURE REQUIRED

\_\_\_\_\_  
Student's Printed Name

(\_\_\_\_\_) \_\_\_\_\_  
Student's Phone Number

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### Registrar's Office Use Only

Date Received/Processed \_\_\_\_\_ Processed by \_\_\_\_\_

Full Privacy Block added by the Registrar? (Circle one) Y / N

\_\_\_\_\_  
Registrar's Office Staff Signature