STUDENT CONSENT FOR RELEASE OF RECORDS

Randolph Community College
Office Of The Registrar

To: Registrar-Randolph Community College

From: _____
Name of Student Student ID Number or Datatel ID Number

_____
Address City State Zip

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or completion of a Parental Affidavit of Dependency and Request for Academic Information form by my parent or guardian.

I, therefore, request that the information listed below be released to the following:

_____
Name

_____
Address City State Zip

Information to be released:

_____

_____

Purpose: _____

This permission to release my records to the individual named on this form applies to (check one):

☐ This specific request only.
☐ This request and any future requests.

Signed this _____ day of _____, _____.
Date Month Year

_____
Signature of Student

P.O. Box 1009 Asheboro, NC 27204-1009
(336) 633-0200 Fax (336) 629-9547 www.randolph.edu