



## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) FORM

**FERPA** is a Federal law that protects the privacy of student education records, both financial and academic. If a student is 18 years or older or attending a postsecondary educational institution, the privacy rights are the students' such that any release of student record information requires the student's explicit written/electronic consent except in limited circumstances.

Students may authorize their parent, legal guardian, or other third party, partial or full access to the student's financial or educational records. **Please review the ATC catalog on FERPA policy prior to completing this form.**

Date:	Student's Full Name:	Student ID#:
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**Step 1: Select FULL, LIMITED ACCESS, or RESTRICT ACCESS. Skip to Step 2 if you are requesting to remove an individual's or agency's access to your records. Note: Neither full or limited access provide authority to make changes to the student's education record.**

**If LIMITED ACCESS is chosen, indicate specific information or records to be granted.**

- Consent for FULL ACCESS to educational records** (Full Access, may include, all academic related information, test scores, graduation information, disciplinary actions, state residency status, financial information, transcripts, disability records, contact information)
  
- Consent for LIMITED ACCESS to educational records**  
Please indicate the specific information or records to be granted:  
  


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- RESTRICT ACCESS** (No release of records and/or directory information without direct written and/or electronic consent to any third-party except in limited circumstances, such as in relation to court mandated requests)

**Step 2: Select duration of access.**

- One Time Use: This authorization can be used only once.
- Limited Use: This authorization is **effective** \_\_\_\_\_ and **expires** on \_\_\_\_\_.
- Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or **for a maximum of four years**.
- Request to remove consent.

**Step 3: Indicate purpose for the authorization for release of information.**

**Step 4: Indicate name and address of Individual or Agency to whom access to records may be provided.**

**Step 5: Provide signature.**

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974, HIPAA, and other state or federal law. I understand that these cannot be released without my written consent and/or electronic authorization. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing an updated notice of such revocation to Athens Technical College, Office of the Registration & Records. **This authorization is valid for four years from the date I sign this release (unless noted differently above).** In granting a release or access to records, I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release. I will not be contacted after any inquiry is made or information is released to the individual(s) or agencies listed on this form.

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

**For Internal Use Only**

ATC Staff Validation \_\_\_\_\_  **Valid Photo ID was presented**  
Print Name and Provide Signature