



FERPA Release Form

Student Name: _____ **PQC ID: A0000** _____

PQC Email: _____ **Phone #:** _____

The Family Education Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records (such as the student’s name, address, financial records, and grades) from disclosure without the student’s signed, written consent, unless such consent is not required by law. Students are not required to authorize disclosure of information from their education records.

This authorization form, when completed by the student, will allow officials at Paul Quinn College to release all or specific information to individuals and/or an organization.

Please fill in all of the blanks and check the boxes that apply. In order for the form to be valid, you must sign and date this form, and provide your government issued identification card (with a visible signature).

A government issued photo ID of the student is required with this form. If mailed or faxed, an enlarged copy of photo ID with a signature is required.

Educational Information to Release (check and initial one):

- _____ **General Student Records**
Includes admission, registration, financial aid, student account/billing, enrollment, grades, TSI (Excludes counseling, housing, student conduct/disciplinary records and Title IX; counseling, housing, student conduct/disciplinary records may be requested through their respective offices.)
- _____ **Partial Academic Records**
Specify records to be shared below (i.e. admissions, academic, financial aid, student accounts/billing, etc.) (Excludes counseling, housing, student conduct/disciplinary records and Title IX; counseling, housing, student conduct/disciplinary records may be requested through their respective offices.)

I hereby voluntarily authorize Paul Quinn College officials to release the selected information to _____ (list name and relationship to student) for the purpose(s) of _____

(i.e. providing access to parents, scholarship application, reimbursement from employer or other source, etc.).

This authorization is valid until cancelled. The student may cancel this release at any time by submitting a written and signed request to rescind the release of records to the Paul Quinn College Office of the Registrar.

Student Signature: _____ **Date:** _____

Return to:
Office of the Registrar
3837 Simpson Stuart Road Dallas, Texas 75241
Fax: (214) 379-5448 • registrar@pqc.edu

OFFICE USE ONLY	Effective Date:	Date Processed:	Processed by:
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