

**STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS**  
**THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE**

Name of Student (Last, First, Middle Initial): _____	Student ID: _____	Date: _____
---	----------------------	----------------

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. For situations **not** covered by the [Guest Access Portal \(GAP\)](#) (e.g., single meetings when a parent or other third party attends, when discussing records not accessible through GAP, or when discussing more detailed information than what is viewable in GAP), Students may choose to complete and submit this form allowing the release of their education records to specified third parties. Please note that while this form *authorizes* UNC Charlotte to release education records to third parties, it does not *obligate* UNC Charlotte to do so. UNC Charlotte reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit UNC Charlotte’s FERPA Information page at <http://legal.charlotte.edu/legal-topics/ferpa> or the U.S. Dept. of Education’s website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

**SECTION A. Education records to be released (check all that apply):**

**Education Records or Information NOT available through [GAP](#)** (please specify):  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION B. Person(s) to whom access to education records may be provided:**

\_\_\_\_\_

Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary)

---

Address(es) of person(s) to whom access to records may be provided	Relationship to Student
--	-------------------------

**SECTION C. Duration of release (check one):**

**One-Time Use:** This authorization can be used only once.

**Limited Use:** This authorization expires on: \_\_\_\_\_

**SECTION D. Purpose of release (check one):**

**Family Communications**

**Discussion with University personnel that includes third parties (parents, friends, others)**

**Other** (please specify): \_\_\_\_\_

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to [Niner Central](#).

\_\_\_\_\_  
 Student's Signature (Date)

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.
2. Completed forms should be submitted to the Niner Central in 380 Cone Center, or mailed to Niner Central, 380 Cone Center, 9201 University City Boulevard, Charlotte, NC, 28223; or emailed to [ninercentral-reg@uncc.edu](mailto:ninercentral-reg@uncc.edu). Questions about this form may be directed to Niner Central at (704) 687-8622.

*This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.*