



CENTRAL CAROLINA COMMUNITY COLLEGE

Consent to Release Information Required per Family Educational Rights and Privacy Act (FERPA)

Name _____ ID# _____
Print Legal Name

I do hereby give permission to Central Carolina Community College instructors, College Administration, or Student Services/Onboarding & Success staff to share information regarding my progress, grades or information regarding my classes to the following person(s). This permission is good for one academic year beginning August 15th and ending July 30th of the next year.

- This Release must be updated annually to remain in effect.
- The person named in this release must know the password selected by the student.

_____ has my permission to request the previously
Print Name
referenced information. Relationship: _____
Print Relationship

Password phrase: _____ *(We recommend a unique phrase for password.)*
Print Password Phrase

Signature _____ Date _____
Student Signature

Academic Year _____
Enter Academic Year (eg. 2020-2021)

Witness of College Staff: _____
Print Name

Signature Date _____

This form must be signed in the presence of a CCCC staff member and returned to the Student Records and Registrar's Office.