



INFORMATION RELEASE AUTHORIZATION

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), when a student reaches the age of 18 or is attending an institution of post-secondary education at any age, the rights of access to student records "transfer from the parents to the student," and the student has the sole right to his/her educational records.

*Submit completed and signed form with enlarged copy of your government-issued photo id (required)
Scan and email to CE@gvltec.edu
or bring in person to Continuing Education Registration – Student Success Center Bldg. 102, 240*

Student Name: _____ Learner/Student ID (if known): _____ Date: _____

I hereby give my permission for the following information to be released to the person indicated on this form:

- | | |
|--|---|
| ☐ Grade Reports | ☐ Financial Aid/Sponsoring Agency |
| ☐ Registration for Courses | ☐ Disciplinary Records |
| ☐ Transcript/Certificate Requests* | ☐ Public or Media (Scholarships, Honors or Awards) |
| ☐ Verifications | ☐ Academic Misconduct |
| ☐ Billing (amounts, due dates, status of account) | ☐ Student Misconduct |

*Transcript Requests costs. Official: Walk-in - \$15, Mailed - \$20. Unofficial - No cost. Payment collected after form is processed.

By signing this form, I understand that I am authorizing Greenville Technical College (GTC) to release the indicated information to the person specified below:

Name: _____

Address: _____

Relationship: _____

This form will remain in effect from the date signed until revoked in writing by the student, or until the student is no longer enrolled in the college.

I wish to release the information as described above.

Student Signature _____

Date _____

I wish to cancel the above release authorization.

Student Signature _____

Date _____

Employee Signature/Date _____ ID Verified _____