

Student Information Release Form Instructions

- Subject to certain exceptions set forth in the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Patrick Henry Community College will not provide personally identifiable student information (including but not limited to grades, billing, tuition and fees assessments, financial aid and other student records) to an organization, parent, spouse or other party without the student's consent.
- Students may choose to grant Patrick Henry Community College permission to release certain information to an organization, parent, spouse or other party by submitting this form. A separate form must be submitted for each organization/individual to whom access should be granted.
- Please note: If you do not wish to grant access to your information, you do not need to complete this form.
- Records will only be provided when requested by an organization, parent, spouse or other party. They will not be sent automatically by Patrick Henry.
- Students who choose to designate an organization, parent, spouse or other party should complete the following sections:
 - Student Information
 - Party to Whom Information will be Released (organization, parent, spouse, or other party)
 - **Dual enrollment students** should list their high school and should leave the financial aid and financial records checkboxes blank.
 - Certification by signature and date.
 - Student should select a PIN number of at least four-digits, if they wish to designate an organization, parent, spouse or other party to be able to obtain information by telephone or e-mail. The organization, parent, spouse or other party will need to provide this PIN number to obtain student information.
 - Select the length of time this release should remain in effect.



Student Information Release

In accordance with the Family Education Rights and Privacy Act (FERPA)

PHCC Records Office • 645 Patriot Avenue Martinsville VA, 24112
 Fax: 276-656-0352 or 276-632-0183

Student Information			
Name (Last, First, MI)		PHCC EMPIL ID	
Address		Phone	
City/State		Zip	
Party to Whom Information will be Released (organization, parent(s), spouse, or other party)			
Name (Last and First) and Relation to Student:			
Address		Phone	
City/State		Zip	
High School (Dual Enrollment Students Only):			

Information to be Released (Check one or more of the boxes below to grant authorization)

- Grades/GPA, registration, academic standing, class schedule, transcripts and/or enrollment information
- Financial aid awards, application data, disbursements, eligibility and/or financial aid satisfactory progress
- Financial records including statements, charges, credits, payments and past due amounts
- Other (specify) _____

Certification

By signing below, I consent to the release of the information indicated above to the individual listed above:

Student Signature	Date

In order to have information released via phone or email to the "Party to Whom Information will be Released," listed above, a personal identification number (PIN) of at least four-digits must be assigned by the student. The "Party to Whom Information will be Released," must identify this PIN number to receive student information. PIN _____

This consent shall remain in effect through (choose one):

- Entire duration of enrollment with Patrick Henry Community College
- Academic Year or Term (specify) _____
- Until graduation from high school. Provide graduation date _____

(To remove Information Release Authorization, submit a written statement to Registrar.)

Records Office Only:	Entered by: _____	6/15
----------------------	-------------------	------