



**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RELEASE**

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, both financial and academic. For the student’s protection, FERPA limits release of student record information without the student’s explicit written consent; however it also gives the student’s parent(s)/guardian(s) the right to review those records if the parent(s)/guardian(s) claim the student as a dependent on their Federal Income Tax Return.

**Instructions: STUDENTS COMPLETE PART A OR PARENT(S)/GUARDIAN(S) COMPLETE PART B.** Return the completed form to the Office of the Registrar, Brevard College, One Brevard College Drive, Brevard, NC 28712 | FAX: 828.884.3790 | Email: [Registrar@brevard.edu](mailto:Registrar@brevard.edu) | Phone: 828-884-8015

\_\_\_\_\_  
**Student Name – Please Print**

\_\_\_\_\_  
**BC Student ID Number (Required)**

**PART A – TO BE COMPLETED BY THE STUDENT**

If you want to authorize Brevard College to disclose information to a person(s) other than yourself, please complete Part A, sign, and return this form to the Office of the Registrar.

**Student Disclosure and Release of Information**

I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice. This release allows the individual(s) named below to access information only from records maintained by the **Office of the Registrar**, and the **Office of Financial Aid**. I agree to waive my rights under FERPA and allow the person(s) named below access to my financial and academic records.

\_\_\_\_\_  
**NAME (FIRST, MIDDLE INITIAL, & LAST NAME) - Please Print**

\_\_\_\_\_  
**RELATIONSHIP TO STUDENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that this release is valid as long as I am a student at Brevard College. By signing this release, I authorize Brevard College to release any and all financial and academic information to those listed above. I understand that I can revoke this release at any time by notifying the Office of the Registrar in writing.

\_\_\_\_\_  
**Student Signature (Required)**

\_\_\_\_\_  
**Date**

**OR**

**PART B – TO BE COMPLETED BY PARENT(S)/GUARDIAN(S) NOT LISTED BY STUDENT IN PART A**

In lieu of a student’s signed release, complete Part B of this form and attach a signed copy of your [parent(s)/guardian(s)] current year Federal Income Tax return to certify that the student is your dependent according to Section 152 of the Internal Revenue code. Part B is *valid for only the current academic year through summer sessions*. Since IRS dependency can change annually, you must submit copies of your Federal Income Tax return each year along with this form, to continue access to your student’s records.

In order to gain access to my son/daughter’s financial and/or academic records, I certify that I am the parent(s)/guardian(s) of

**(Please Print)** \_\_\_\_\_ with BC student ID# \_\_\_\_\_ and that he/she is dependent according to Section 152 of the Internal Revenue Code.

\_\_\_\_\_  
**Parent/Guardian Signature**

**PARENT/GUARDIAN HOME ADDRESS:**

\_\_\_\_\_  
**Parent/Guardian Signature**

**Date:** \_\_\_\_\_

**Note to Parents/Guardians:** If your child is not a dependent as defined by IRS standards, we will only be able to release information about his/her financial and academic records if he/she completes **Part A** of this form. In case of divorce or separation where only one parent claims the child as a dependent, Brevard College grants equal access to financial and academic records to the other parent **if** the information is completed in **Part B**. Exceptions to this rule include a court order or legally binding document stating otherwise.