For Office Use Only: Initials ____

Code : _____

Date: _____

VSC

Vermont State Colleges

General Release of Information

This permission will stay in effect until the student rescinds the permission in writing.

Students also have the option of completing a "one-time" release of information form to request specific information be released to a person or organization (i.e. grade report, or enrollment verification.) Please utilize the Request for Release of Information form for that type of request.

_____ _____ _____

(Print full name) (College ID or last 4 digits of SSN #) (College)

The college must have written permission from the eligible student prior to releasing any information from a student's educational record to parties not approved for disclosure under the Federal Educational Rights and Privacy Act (see VSC FERPA Policy). If a student wishes to give access to any other individual(s) other than those listed below, he or she must give written consent for each release (Request for Release of Information form). If a student wishes transcripts to be sent a separate written release must be completed.

List below individuals to whom you wish to allow access to general information from your educational record; these may include one or both parents, guardian(s), or an organization. General information may include information about a student's account, academic performance, attendance in classes, and financial aid. Please ensure that these individuals know your Student ID, and your birth date when requesting information.

I hereby grant permission for (**your college here**) to release information to my parent(s)/guardians/organization for the purpose of keeping them informed about issues related to my college education. Information from my educational records may be released to:

_____ _____

(Print full name) (Relationship)

_____

(Address of Recipient)

_____ _____

(Print full name) (Relationship)

_____

(Address of Recipient)

_____ _____

Student's Signature