UNIVERSITY OF NORTH CAROLINA WILMINGTON

Request to Release
Personally Identifiable and Confidential Information

Student Name: _____ Student ID: _____
Last First MI

The Family Educational Rights and Privacy Act (FERPA) requires UNCW to release detailed information to the student only. Students may, however, voluntarily waive their privacy rights to the person(s) identified in the statement below. By completing this form, the student grants the named person(s) access to information in the student's educational records.

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) and authorize The University of North Carolina at Wilmington to release personal information as indicated below to

_____.
(First and last name of the person[s] authorized to obtain information.) Please print legibly.

☐ Educational records, including grades and class schedule.

☐ Financial records, including financial aid and student account information.

In order to ensure your privacy is maintained, we will be asking an additional security question of anyone who requests your information. Please print a question and the answer, below.

_____
(Privacy Question) (*Example: What is my dog's name?)*

_____
(Answer) *(Example: Fido)*
We will ask this question of anyone who calls to discuss your personal information. Please share this code with anyone you wish to have access to your information.

Student's Signature: _____ Date: _____

Form: FERPA
Revised: 10/23/08

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