VCU Strategic Enrollment Management and Student Success

Office of the University Registrar
Grace E. Harris Hall
1015 Floyd Ave., 1st Floor
P.O. Box 842520
Richmond, VA 23284-2520
Website: https://registrar.vcu.edu

FERPA Consent to Release Student Information

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your educational records.

Please provide information from the education records of:

Student name (print): _____

To: [name(s) of requester]: _____

Relationship to the student such as “parent,” “spouse,” “prospective employer,” or “attorney”: _____

Password/code (select an identifier to provide requestor) or agency or company Tax ID number of requestor: _____

I hereby authorize Virginia Commonwealth University to release the following educational records:

- ☐ Academic Transcript
- ☐ All Student Records
- ☐ Other (specify): _____

This information is to be released to the individual(s) named above for the following purpose: _____

Note: This consent does not cover medical records held solely by Student Health Services or University Counseling Services. Contact those offices for consent forms.

Student Declaration: I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect until otherwise revoked by me.

Student Name (print):

Student Signature:

Student ID Number:

Academic Year: Date:

Submit this form via your VCU email to rar@vcu.edu.