



OFFICE OF THE REGISTRAR · STUDENT DEVELOPMENT DIVISION

STUDENT CONSENT FOR RELEASE OF RECORDS

To: Registrar – Rockingham Community College

From: _____
Name of Student *Student ID Number or Datatel ID Number*

Address *City* *State* *Zip*

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or completion of a *Parental Affidavit of Dependency and Request for Academic Information* form by my parent or guardian.

I, therefore, request that the information listed below be released to the following:

Name

Address *City* *State* *Zip*

Information to be released:

Purpose: _____

This permission to release my records to the individual named on this form applies to (*check one*):

- This specific request only.**
- This request and any future requests.**

Signed this _____ day of _____, _____.
Date *Month* *Year*

Signature of Student