



Office of the Registrar
 Piedmont International University
 420 S. Broad Street • Winston-Salem, North Carolina 27101
 Phone: 336-714-7961 • <http://www.piedmontu.edu/registrar-office>

FERPA CONSENT

Request to Release Personally Identifiable and Confidential Information from Educational Records

Student Name: _____ Student ID: _____

The Family Education Rights and Privacy Act (FERPA) protects the privacy of a students' education record. Students may voluntarily and temporarily 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 authorize the Office of the Registrar to release educational records to: (Please give name and relation):

Name: _____ Relation: _____

Name: _____ Relation: _____

In order to ensure your privacy is maintained, we will be checking for government-issued identification (e.g., driver license) and asking a security question of anyone who requests your information. Please print a question and answer, below.

Privacy Question: _____

Answer: _____

We will ask this question of anyone who calls to discuss your personal information. Please share this question and answer with anyone you wish to have access to your information.

I understand that

1. I have the right not to consent to the release of my educational records;
2. I have the right to receive a copy of such records upon request;
3. I may revoke this consent by written request. Any such revocation shall not affect disclosures previously made by PIU prior to the receipt of any such written revocation.

Submission Instructions:

The form must be signed in the presence of Registrar staff or sent from a PIU email account.

Student's Signature: _____ Date: _____