



Family Education Rights and Privacy Act (FERPA)

Authorization to Release

Registrar's Office

Student Name: _____ ID No. _____

Student's Local Address/On Campus Box: _____

Local Telephone No.: _____ Major: _____

AUTHORIZATION TO RELEASE GRANTED

By completing and signing this form, I hereby authorize Greensboro College, its officers, agents and employees to release the following information maintained/contained in the College's files:

Grades and progress reports
Residential life information

Student (financial) account information
Student conduct information

Other: (specify) _____

This information **may be released to the following individual(s):**

Name _____

Name _____

Relationship _____

Relationship _____

Street Address _____

Street Address _____

City, State Zip _____

City, State Zip _____

Email _____

Email _____

Student Signature: _____ Date: _____

AUTHORIZATION TO RELEASE **NOT** GRANTED

By signing below, I hereby request that the above mentioned information NOT be released to any individual other than myself.

Student Signature: _____ Date: _____

To release grades to someone, you must share your Empower login and password OR you may print the grades for them. The registrar's office does not print or mail grades. Empower: empower.greensboro.edu.