

FERPA Consent to Release Educational Records

The Family Education Rights and Privacy Act of 1974 (FERPA) is a federal law that prevents Brightpoint from releasing certain information from a student's record without his or her consent. A student must authorize in writing the release of their educational records to a third party. This form can be submitted in person at the Office of Admissions and Records, along with a picture ID. The form and a valid picture ID can also be electronically delivered to admissionsandrecords@brightpoint.edu via your *student email account*. Please print legibly in ink when completing this form.

Student Information	
Student Name: _____	Phone: _____
Student ID: _____	Date of Birth: _____

Third Party Designee			
Name	Relationship (Parents, Spouse, Employer, etc.)		
Street Address	City	State	Zip Code
Email	Phone Number		

Passcode
Students must designate a non-sequential 5-digit passcode (i.e. not 1234) for each third party. The third party will need to provide the passcode in order to receive information over the phone. Passcode: _____

Information to be Released & Duration of Release
<p style="text-align: center;">I authorize the release of educational records in the following areas (check all that apply):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Academic Records (Unofficial Transcript Only) <input type="checkbox"/> Financial Aid </div> <div style="width: 45%;"> <input type="checkbox"/> Student Accounts <input type="checkbox"/> Military & Veterans Education </div> </div> <p style="text-align: center;">Select the duration for which you authorize the release of your educational records.</p> <p><i>Granting access to the parties listed does not preclude you from revoking access to any of the parties or record types above, if done so in writing.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Grant continuous access for my academic career. </div> <div style="width: 45%;"> (Up to three (3) years after last semester of enrollment) </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I do not wish to grant continuous access. Access should end on _____ / _____ / _____ </div> <p style="font-size: small;">I realize that if I choose to limit access, no information will be shared with the people listed above after the date I select. Access can only be reinstated by completing a subsequent FERPA Consent to Release Educational Records form.</p>

Student Signature _____ **Date:** _____

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B106, Administration Building
800 Charter Colony Parkway
Midlothian, VA 23114-4383

Chester Campus
M101, Moyar Hall
13101 Route 1
Chester, VA 23831

for office use only

Person who entered authorization into SIS: _____ Date entered: _____