The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records created or maintained by a school that receives Federal funds. Students who attend The University of North Carolina Greensboro (UNCG) retain the right of privacy in their education records. UNCG may provide access to a student’s education records to a third party if the student provides written consent using this form or as provided in FERPA and UNCG policy available on-line at https://sa.uncc.edu/handbook/wp-content/uploads/ferpa.pdf.

The disclosure of the records listed above may be made to ________________________________.

I hereby give my voluntary consent for UNCG officials to disclose the following education records:

- [ ] Criminal Background Check
- [ ] Fingerprinting
- [ ] Drug screening
- [ ] Immunization Records
- [ ] TB Test
- [ ] Professional liability Insurance
- [ ] Health Insurance Coverage
- [ ] Basic Life Support Training (First aid/CPR/AED)
- [ ] Physical Exam by Physician
- [ ] HIPPA Training
- [ ] Other: ________________________________

Full name(s) of individuals(s) and relationship to student

I intend for this consent to be effective until _________________ (date). I understand I may revoke this consent in writing at any time.

Student Name During Enrollment: ___________________________ Student ID#: ___________________________

Student Signature: ___________________________ Today’s Date: ___________________________

NOTARIZATION REQUIRED

(If the student does not appear in-person to the Department of Community and Therapeutic Recreation)

State of ___________________________. County of ___________________________.

I, ___________________________, a Notary Public for said County and State, do hereby certify that ___________________________ personally appeared before me this day and acknowledged the due execution of this instrument and, being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Witness my hand and official seal, this ______ day of ________________, 20__. 

OFFICIAL SEAL

_____________________________ Signature of Notary Public

My Commission Expires: ___________________________

UNCG VERIFICATION OF STUDENT IDENTIFICATION REQUIRED

(If the student personally appears)

The above-named student personally appeared before me and I verified the student’s picture identification.

Employee Name: ___________________________

Employee Signature: ___________________________ Date: ___________________________