



**Student Consent to Disclose Education Records
Department of Community and Therapeutic Recreation**

(To be completed by the student)

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.uncg.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.** Month/Day/Year

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: _____