

# NCHSAA Foundation FERPA CONSENT TO RELEASE STUDENT INFORMATION FORM

*The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student educational records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. The purpose of this form is to provide consent to the North Carolina High School Athletic Association Member School to release educational records as required by FERPA. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent to appropriate parties in connection with financial aid to a student. The NCHSAA Foundation may be considered an appropriate party for these purposes.*

### PLEASE COMPLETE ALL EMPTY FIELDS

**To:** \_\_\_\_\_ [Name of NCHSAA Member School Releasing Student Records]  
 Please provide information from the educational records of \_\_\_\_\_ [NAME OF STUDENT APPLICANT REQUESTING THE RELEASE OF EDUCATIONAL RECORDS] to the NCHSAA Foundation for purposes of determining eligibility for NCHSAA Foundation Endowed Scholarships.

**Educational Records and Information to be Released:** [Please check all that apply]

- Transcript
- Disciplinary Records
- Other (please specify) \_\_\_\_\_

***I, the undersigned, hereby authorize the above named NCHSAA Member School to release to and/or discuss the specified educational records and information with the NCHSAA Foundation for the purpose of determining eligibility for NCHSAA Foundation Endowed Scholarships. I understand the information designated above may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the NCHSAA Member School permitted to release the educational records on my or my student's behalf. I further understand that until this revocation is made, this consent shall remain in effect and my educational records may continue to be provided to the NCHSAA Foundation for the specific purpose described above. I understand that I am not required to consent to release records on my or my student's behalf and that the NCHSAA member school may not require my consent if it determines the NCHSAA Foundation is an appropriate party for these purposes. I acknowledge, however, that requirements for certain NCHSAA Foundation Endowed Scholarships include the receipt of a student's exemplary disciplinary record and failure to receive disciplinary records may result in disqualification. Parent/Legal Custodian: I authorize the use by the NCHSAA Foundation, of my child's name, image and/or likeness (the "Images") in connection with the exhibition, advertising, and/or publicizing of the NCHSAA Foundation's Endowed Scholarship(s) and Fund. I hereby release and discharge the NCHSAA Foundation, its volunteer staff, Board of Trustees, and assigns from any and all claims, actions, suits or demands in connection with such use.***

**I Consent**

**I Do Not Consent**

Applicant's Signature:	Parent/Legal Custodian's Signature:
Applicant's Name (Please Print):	Parent/Legal Custodian's Name(Please Print):
Date:	Date: