

Release of Student Information

Registrar@usca.edu - (803) 641-3550 – Penland 109



Student educational records are protected by the [Family Educational Rights and Privacy Act \(FERPA\)](#). Any student, regardless of age, enrolled at a post-secondary institution has the right to privacy of educational records. This right may be waived only by the student to the individuals/entities listed below.

This release takes effect as of the date signed by the student and will remain in effect until one of these conditions is met: graduation from the university, after six months of noncontinuous enrollment, upon the expiration date assigned by the student, or upon written withdrawal of this release by the student. University administrators will use discretion when responding to requests for information and may refuse to release information if the requestor's identity cannot be confirmed. The following records are not covered under this agreement, and will not be issued: medical, counseling, student employment, law enforcement, and extra-curricular activities.

Student Information:

Full Name: _____
USC or VIP ID: _____
Campus Email: _____

Individuals/Entities Granted Access to Records:

| | |
|-------------------------------------|-------------------------|
| _____ | _____ |
| Full Name of Person or Organization | Relationship to Student |
| _____ | _____ |
| Full Name of Person or Organization | Relationship to Student |
| _____ | _____ |
| Full Name of Person or Organization | Relationship to Student |
| _____ | _____ |
| Full Name of Person or Organization | Relationship to Student |

Records Permitted by Student for Release:

- Academics (grades, attendance, GPA)
- Billing (tuition and fee amounts, payments)
- Financial Aid (award status and amounts)
- Housing (dates of occupancy, damages)
- Student Conduct (details associated with this student)

Limitations (or a date of expiration) to the release of information to the individuals/entities listed above, if any:

Acknowledgement:

I understand that my educational records are protected by FERPA, and that I have the right to withdraw this release at any time without notice to the individuals or entities listed above.

Signature: _____ Date: _____

Office of the Registrar

Date Received: _____ Initials: _____ Notes: _____