

Consent to Disclose Student Record (FERPA Agreement)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

In accordance with FERPA, it is Atlanta Technical College's policy to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide the consent to Atlanta Technical College required by FERPA.

| A. Student Information (please print) | | | |
|---|---------------|---------------------|-----------------------|
| | | | |
| Last Name Firs | t Name | M.I | Student ATC ID Number |
| | | | |
| Student's Phone Number (with area code) Student's Email Address | | | |
| B. Whom Access To Records May be Provided | | | |
| | | | |
| Name | | Name | |
| Address | | Address | |
| City, State, Zip | | City, State, Zip | |
| Telephone | | Telephone | |
| | | | |
| C. Valid for How Long | | | |
| One Time Use: This authorization can only be used once | | | |
| ☐ Limited Use: This authorization expires on | n | (date) | |
| Long Term Use: This authorization will remain in use continuously in effect until I withdraw this authorization in writing or | | | |
| for a maximum of one year from the date on this form. | | | |
| D. Certification and Signature | | | |
| I consent to the disclosure of any personally identifiable information from my education records to my parent(s), legal guardian(s), or | | | |
| other designated person(s) for reasons determined by the Atlanta Technical College as appropriate. | | | |
| | | | |
| Student's Signature | Date | | |
| | | | |
| Submit this form to: | Mail to: 1560 | Metropolitan Parkwa | ay, SW |

Atlanta, GA 30310

Email to: financialaid@atlantatech.edu

Fax to: 404.225.4721

Atlanta Technical College

Office of Financial Aid