

AUGUSTA TECHNICAL COLLEGE  
FERPA CONSENT FORM

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 Augusta 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 Augusta Technical College required by FERPA.

**A. STUDENT INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
LAST NAME, FIRST NAME M.I.

\_\_\_\_\_  
STUDENT ID NUMBER

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

**B. WHOM ACCESS TO RECORDS MAY BE PROVIDED**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**C. VALID FOR HOW LONG**

THIS AUTHORIZATION EXPIRES ON \_\_\_\_\_ . (ENTER DATE)

**D. CERTIFICATION AND SIGNATURE**

I CONSENT TO THE DISCLOSURE OF ANY PERSONALLY IDENTIFIABLE INFORMATION FROM MY EDUCATION RECORDS TO THE INDIVIDUAL DESIGNATED ABOVE.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

PLEASE SUBMIT THIS FORM BY ANY OF THE FOLLOWING METHODS:

BY MAIL: AUGUSTA TECHNICAL COLLEGE  
OFFICE OF STUDENT RECORD  
3200 AUGUSTA TECH DRIVE  
AUGUSTA, GA 30906

BY EMAIL: [STUDENT.RECORDS@AUGUSTATECH.EDU](mailto:STUDENT.RECORDS@AUGUSTATECH.EDU)  
FAX: 706.771.4034

\*DESIGNEE WILL BE REQUIRED TO SHOW IDENTIFICATION WHEN REQUESTING INFORMATION