

CONSENT TO DISCLOSE INFORMATION FROM EDUCATIONAL RECORDS FORM

In accordance with Virginia Tech Carilion School of Medicine (VTC SOM) Student Education Records Policy, a student may grant VTC SOM the right to release confidential and specific information contained in or about educational records (such as grades, disciplinary actions, etc.) to third parties such as parent(s), guardians(s) and/or spouse by completing the attached Consent to Release Confidential Information form.

Disclosure of Educational Records

Virginia Tech Carilion School of Medicine may, at VTC SOM's discretion, disclose information from a student's education records to third parties with the written consent of the student. However, in certain circumstances described in VTC SOM's disclosure policy, VTC SOM may disclose records to third parties without the students consent. Students may view VTC SOM's disclosure policy online at:

http://medicine.vtc.vt.edu/student_affairs/handbook/

Directory Information

Virginia Tech Carilion School of Medicine recognizes the following as directory information:

- Student's name
- Student's photo
- Local and permanent address
- Telephone number(s)
- Major field of study
- Enrollment status
- Class (academic) level
- Student's National Resident Matching Program results
- Anticipated graduation date
- Certification that the student has applied for the degree
- Dates of enrollment
- Degree(s) earned, including date and areas of distinction
- Participation in officially recognized school activities

VTC SOM may disclose any of those items without prior written consent until the student, during his or her enrollment, notifies VTC SOM in writing to the contrary. Directory information shall not include a student's social security number or student identification number. For further information about this policy, please contact the Office of Enrollment Management, 2 Riverside Circle, Suite M140 at (540) 526.2512.

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Name of Student (Last, First, MI) _____	Student ID: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records. VTCSOM may provide access to a student's education records to a third party only as provided in FERPA and VTCSOM policy or if the student provides written consent using this form. VTCSOM's policy is available on-line at: http://medicine.vtc.vt.edu/student_affairs/handbook/
A parent may also receive access with a copy of the parent's most recent IRS 1040 if the parent claimed the student as a dependent, with a student's written consent, or as otherwise provided by FERPA or VTCSOM policy.

Section A. Educational Records to be released (check all that apply)

1.	<input type="checkbox"/>	Academic Information
2.	<input type="checkbox"/>	Financial Aid Information
3.	<input type="checkbox"/>	Disciplinary and Student Affairs Records
4.	<input type="checkbox"/>	Medical or Psychological Records
5.	<input type="checkbox"/>	All records listed above
6.	<input type="checkbox"/>	Other (please specify): _____

Section B. Person to whom access to educational records may be provided

Relationship	Specify Names
1. My parent(s)	
2. My guardian	
3. My spouse	
4. Admission to an educational institution	
5. Other (please specify): _____	

Section C. Purpose of the release

1.	<input type="checkbox"/>	Family Communication
2.	<input type="checkbox"/>	Employment
3.	<input type="checkbox"/>	Admission to an educational institution
4.	<input type="checkbox"/>	Other (please specify): _____

Section D. Verification of Identity and Acknowledgement

I understand that in order to ensure my privacy is maintained, VTCSOM will be verifying the identity of the person to whom access to educational records may be provided.

I also understand that 1) I have privacy rights as outlined in FERPA and VTCSOM policy, and 2) this consent form will be effective until I submit a written revocation to the registrar.

Signature

Date