

# FERPA Consent to Release Request

*Last Updated 2-22-24*

This form will not be accepted without the student’s handwritten signature. This is true regardless of whether the form is submitted by email or in person to the ECU Records Office. If submitted by email, the form must be sent from the student’s individually assigned ecok.edu address (send to [registrar@ecok.edu](mailto:registrar@ecok.edu)). A clearly visible and legible copy of a photo ID must also be submitted with the form.

Student First Name:

Student Last Name:

Student ECU ID:

### Acknowledgment Statement (Please Read Carefully)

By submitting this form I attest that I would like to grant access to my FERPA protected records in accordance with the information provided below. I understand this authorization will expire on the date designated below and that I must complete another request to extend the time of authorization. I also understand that this form must be submitted by me in person or from my personal ecok.edu email address. I also understand that the person(s) I grant access for must know the PIN I assign or else information will not be released.

### Type of Records Approved for Release

Academic

Financial

Behavioral

Person(s) Being Granted Access

Relationship to Student

### PIN Set by Student:

\*The PIN must five characters including two letters and three numbers.

### Access should no longer be granted after this date:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Records Office Use Only

Form Submitted by Email

Form Submitted in Person

Initials of Processor