

Verification and Certification Release of Information



The Family Educational Rights and Privacy Act of 1974 (FERPA), amended, states that a student must authorize in writing the release of her or his educational records to a third party. Please print legibly in ink when completing this form.

Print full name _____ Former name(s) _____

Birthdate (dd/mm/yy) _____ SSN#* _____ SIS ID _____

*Social Security Number not required, but highly recommended for students whose last attendance was 2003 or earlier, so that the record can be located more efficiently.

In processing your request, TCC may need to furnish and/or confirm your Social Security Number (SSN) with the third party that you have specified. Per the Federal Educational Rights and Privacy Act (FERPA), you have the right to authorize or prevent disclosure/confirmation of your SSN to most third parties. As such, please indicate below whether TCC is authorized to release your SSN if requested and/or needed in processing this request.

- I authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request
- I do not authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request
(NOTE: In some instances, TCC may be lawfully required to disclose a student SSN)

1. The record(s) to be disclosed is (are):

- Information from your TCC Application for Admission form
- Permanent record (grades, GPA, degrees, etc.)
- Student Accounts
- Financial Aid
- Other (describe: i.e., estimated completion date, previous graduation, etc.)

2. The purpose(s) of disclosure is (are):

- Certify current enrollment at Tidewater Community College
 - College level (credit/unit)
 - Full-time (12 or more credit hours) Part-time (less than 12 credit hours)
- Certify past enrollment at Tidewater Community College
- Defer payment to _____
- Other (describe) _____

3. The person or organization to whom this disclosure is to be made:

Name of party _____
Address of party _____
Fax number of party _____

- Hold for student pick up of requested information
- Mail requested information
- Fax requested information

Return Completed Form to Enrollment Services:

| | | | |
|------------------------|-------------------|----------------------|--------------------------|
| Chesapeake Campus | Norfolk Campus | Portsmouth Campus | Virginia Beach Campus |
| Pass Building, Rm. 175 | Andrews Building | A Building | Bayside Building |
| 1428 Cedar Road | 300 Granby Street | 120 Campus Drive | 1700 College Crescent |
| Chesapeake VA, 23322 | Norfolk VA, 23510 | Portsmouth VA, 23701 | Virginia Beach VA, 23453 |

Signature of student (Authorization to release) _____ Date _____

Campus of Record _____ Telephone number (contact or message #) _____

Office Use Only

Processed by: _____ Date/Time Contacted Student: _____