



Release of Information

In accordance with the Family Educational Rights to Privacy Act (FERPA), J. Sargeant Reynolds Community College protects the personally identifiable information within students' educational records. FERPA limits the release of educational records, except in those cases where a student provides written authorization. By completing this form, you are authorizing J. Sargeant Reynolds Community College to release information contained within your records.

FALL SEMESTER (Aug - Dec) 20 ____ SPRING SEMESTER (Jan - May) 20____ SUMMER SEMESTER (May - July) 20 ____

This release will remain in effect for one semester , or until a date prior to the end of the indicated semester .

Student 's Name: _____ EMPL ID: _____

Email address: _____ Phone number: _____

The above named student authorizes J. Sargeant Reynolds Community College to disclosed the following information :

- Admissions Records Financial Aid Records Student Conduct Records
- Placement Test Information Student Financial Records (tuition) Transcript (Grades)

What information do you want released? _____

Course Information: Semester _____ Course _____ Section _____ All courses for semester

What information do you want released? _____

Enrollment Verification (processed after the last day to drop with a refund)

Semester(s): Fall Semester _____ Spring Semester _____ Summer Semester _____

What information do you want released? _____

The information will be provided to:

Name and address or name and email address Relationship to student: _____

I understand that with a written request I can revoke access to my record before the end of the semester indicated. I further understand I can inquire about my record by telephone or email by providing a password.

I am revoking access to my record as of : _____ Password: _____
(Used for telephone or email inquiries)

Student Signature: _____ Date: _____

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