

Release of FERPA Protected Information

East Carolina University
East Fifth Street
Greenville, NC 27858-4353

I, _____, give representatives of East Carolina University permission to disclose or discuss my enrollment status, including whether I am actively enrolled and whether I pass or fail the CTE New Teacher Induction courses, by mail or by telephone with any or all of the individuals listed below:

Name of organization/school district administrator(s) who may receive the information:

Relationship to student: _____

I understand that I may revoke this permission completely or in part at any time by sending a signed, dated statement stipulating what parts of the consent I wish to revoke. A revocation is effective on the date it is received and will not affect action(s) already taken upon this request.

I also understand that this form is effective for one calendar year from date created unless I revoke it earlier.

Signed: _____ Date: _____
Student Signature

Student Name: _____

Student Address: _____

Student Email: _____ Student Phone: _____

A copy of this form may be emailed to cpe@ecu.edu or mailed to:

ECU – Academic Outreach, Continuing and Distance Education
Self Help Center, Suite 401
Mail Stop 514
Greenville, NC 27858