



Gordon State College
University System of Georgia

OFFICE OF THE REGISTRAR

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Student Athlete's Authorization to Disclose Information in Education Records Pursuant to FERPA

I understand that my education records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without my consent. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes stated below:

I hereby authorize the following:

1. The Gordon State College Office of the Registrar; and
2. Faculty members teaching courses in which I am currently (or was previously) enrolled

to disclose the following:

1. Any and all information contained in my official permanent academic record;
2. Copies of my academic progress reports
3. Copies of my official permanent academic record; and
4. Specific information regarding my academic progress (attendance, attitude, grades, etc.) prior to the final determination of grade

to the following persons:

1. Athletic Director
2. Any member of the Gordon State College Athletic Staff who in good faith has a legitimate "need to know"
3. Coaches, Recruiters and Scouts from outside institutions

for the following purposes:

1. To monitor, assist and determine eligibility for intercollegiate athletic practice and/or competition;
2. To monitor and assist with respect to my grant-in-aid
3. To assist in the recruitment and transfer process of eligible students.

I understand further: (1) that such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclosed the information to any other party without my written consent unless specifically allowed by law; (2) that I have the right not to consent to this release of my educational records; (3) that I recognize that a copy of such records must be provided to me upon my request; and (4) that this Authorization remains in effect unless revoked by me in writing.

By signing this form, I certify that I agree to the disclosure of the records referenced above.

A copy of this authorization shall be considered as effective and valid as the original.

Student's Name

GCID

Student's Signature

Date

Gordon State College Official

Date