



USCB

UNIVERSITY OF SOUTH CAROLINA BEAUFORT

RELEASE OF STUDENT ACADEMIC INFORMATION (FERPA Form) Revised 7/9/2025

Student Name: _____

USCB Email: _____@email.uscb.edu USC ID#: _____

Information to be released:

Individually select approved areas, or select "All of the Above" to approve all listed categories.

Admissions

Advising

Financial Aid

Records (Registrar)

Billing (Bursar)

Student Conduct

Housing

All of the Above

Other: _____

I authorize the University of South Carolina Beaufort to release the above-indicated information to the following individual(s):

Legal first and last name: _____ DOB: _____

Legal first and last name: _____ DOB: _____

Student Signature: _____ Date: _____

(You must present a valid photo I.D. at the time of signature if you are submitting in person.)

USCB Witness Signature: _____ Date: _____

(Required if you are submitting in person.)

Notary Information **(Required only if NOT submitting in person)**

SEAL

The State of: _____

County of: _____

Sworn before me, this ____ day of _____, A.D. 20____

Notary Public: _____

My Commission Expires: _____

To revoke access to individuals named above, written request must be received from student USCB email address