

**Transfer Student-
Additional Information Request Form**



To Be Completed By The Student:

Applicant's Name: _____

Date of Birth: _____

Courses in progress (if applicable):

_____	_____
_____	_____
_____	_____

I hereby agree that information concerning my academic or non-academic record may be released to Blue Ridge Community College.

Applicant's Signature: _____

Under the Family Education Rights and Privacy Act (FERPA,) which gives students the right to inspect and review their education records, students waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the individuals from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you the opportunity to sign one of the following statements:

I waive my right to examine this document: _____

I do not waive my right to examine this document: _____

To Be Completed By The School Official:

The student above has applied for admission to Blue Ridge Community College and answered "yes" to one or more safety questions on the application. We ask that you answer the questions below so our office can make an informed decision about the student's application. Thank you in advance for your input. If you have questions, please contact the Director of Enrollment Management at 828-694-1807.

Has the student been disciplined by your institution or elsewhere for academic reasons? _____ (yes/no)

If yes, please provide documentation.

Has the student been disciplined for conduct other than academic reasons? _____ (yes/no)

If yes, please provide documentation.

Is the student eligible to return to your institution? _____ (yes/no)

Name of Official (please print) Title

Official Signature Date

College/University Official's Telephone Number

Please return to: Blue Ridge Community College
Registrar's Office
180 West Campus Drive
Flat Rock, NC 28731
FAX (828) 696-2446