



Student Release of Educational Records

The Family Education Rights and Privacy Act (**FERPA**) is a Federal Law designed to protect the privacy of a student's education records. The Law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. This act protects your personal information from being distributed to third parties. With limited exception, Northwest State Community College must have a signed acknowledgement from you before personal information can be released to a third party (i.e. spouse, parent, employer, etc). If you believe an exception exists because of parental support, for more information about FERPA, please visit: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Please complete all items below and return this authorization form to the Registrar's Office:

Student Information

_____	_____	_____	_____
First Name	Middle	Last Name	Student ID
_____			_____
Current Address (Street, PO Box, City, State, Zip Code)			Daytime Telephone

Third-party Designee

First Name _____ Last Name _____ Relationship to Student _____

I willingly give my consent to the person listed above to obtain/process the following information from the Registrar's Office:

Add/Drop class
 Student ID #
 Schedule
 Transcripts
 Grades
 All
 Other: _____ (Please specify)

I am granting permission and am aware that the person requesting and/or processing the information can do so in person after showing government issued identification or by phone call by confirming the following PIN _____ within the semester indicated or until I revoke such consent in writing and submit it to the Registrar's Office.

Effective for the Fall, Spring, Summer semester for academic year (ex. 2011-2012) _____

I acknowledge by my signature that by giving this consent I am willingly waiving my rights protected by the Family Education Rights and Privacy Act (FERPA). I understand that I will be responsible for any courses and/or fees accrued for any classes that the above person/s might register me for. I also agree to hold Northwest State Community College harmless of any damages resulting from the release of this information.

Student Signature _____
Date

Revoked Authorization (to revoke prior Authorization to Release only)
By signing below, I hereby revoke any prior authorization for Northwest State Community College to disclose my education record with the individuals listed above, effective immediately.

Student Signature _____
Date

Registrar Use Only Identity verified by Driver's License _____ or Student ID Card _____