



Academic Records FERPA Release Form

Return to: Registrar's Office, Room C120
22600 State Route 34, Archbold, OH 43502
Telephone: 419-267-1395; Fax 419-267-5604
registrar@NorthwestState.edu

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. For more information about FERPA, please visit: <https://studentprivacy.ed.gov/ferpa>.

The learner must complete all items below and return this authorization form directly to the Registrar's Office using their NSCC student email. **A new form must be submitted each academic year if the learner gives permission for the release to continue.**

STUDENT INFORMATION:

Last Name: _____ First Name: _____

Student ID: _____ Daytime Phone: _____

Current Address: _____

THIRD-PARTY DESIGNEE:

Last Name: _____ First Name: _____

Relationship to Student: _____ PIN: ____ _

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 over the telephone and confirm the above PIN within the semester indicated or until I revoke such consent in writing and submit it to the Registrar's Office.

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

Effective **one** academic year (ex. 2025 – 2026): _____

Effective terms during academic year: ☐ Summer ☐ Fall ☐ Spring

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

RELEASE REVOKED: Student Signature: _____ Date: _____

REGISTRAR OFFICE USE ONLY:

Processed by: _____ Date: _____

RELEASE REVOKED: Processed by: _____ Date: _____