

Academic Records FERPA Release Form Registrar's Office Room C120

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:

First Name					
	Middle	Last Name	Student ID		
Current Address (Street, PO Box, City, State, Zip Code)			Daytime Telepho	Daytime Telephone	
ird-party Designee					
First Name	Last Name	Rela	tionship to Student		
I willingly give my con	nsent to the person listed abo	ve to obtain/process the foll	owing information from t	he Registrar's Office	
Add/Drop cl	lass DStudent ID	# DSchedule	□Transcripts	Grades	
	her:			Please specify)	
	, \Box Spring, \Box Summer se		it it to the Office of the F ar (ex. 2021-2022)		
fective for the □Fall, acknowledge by my sig ducation Rights and Pi ccrued for any classes		mester for academic years s consent I am willingly rstand that I will be resp might register me for. I a	ar (ex. 2021-2022) waiving my rights prot ponsible for any course also agree to hold Nor	ected by the Fames and/or fees	
ffective for the □Fall, acknowledge by my sig ducation Rights and Pi ccrued for any classes	, □Spring, □Summer se gnature that by giving thi rivacy Act (FERPA). I unde that the above person/s	mester for academic years s consent I am willingly rstand that I will be resp might register me for. I a	ar (ex. 2021-2022) waiving my rights prot ponsible for any course also agree to hold Nor	ected by the Fam es and/or fees	
ffective for the Fall, acknowledge by my sig ducation Rights and Pi ccrued for any classes ommunity College har	, □Spring, □Summer se gnature that by giving thi rivacy Act (FERPA). I unde that the above person/s	mester for academic yea s consent I am willingly v erstand that I will be resp might register me for. I sulting from the release	ar (ex. 2021-2022) waiving my rights prot oonsible for any course also agree to hold Nor of this information. Date	ected by the Fam es and/or fees	
ffective for the Fall, acknowledge by my sig ducation Rights and Pu ccrued for any classes ommunity College har udent Signature elease Revoked: Stu	, □Spring, □Summer se gnature that by giving thi rivacy Act (FERPA). I unde that the above person/s rmless of any damages re	mester for academic yea s consent I am willingly v erstand that I will be resp might register me for. I sulting from the release	ar (ex. 2021-2022) waiving my rights prot oonsible for any course also agree to hold Nor of this information. Date Date	ected by the Fames and/or fees thwest State	
ffective for the Fall, acknowledge by my sig ducation Rights and Pi ccrued for any classes ommunity College har udent Signature elease Revoked: Stu	, □Spring, □Summer se gnature that by giving thi rivacy Act (FERPA). I unde that the above person/s rmless of any damages re	mester for academic yea s consent I am willingly w erstand that I will be resp might register me for. I sulting from the release	ar (ex. 2021-2022) waiving my rights prot oonsible for any course also agree to hold Nor of this information. Date Date or Student ID Card	ected by the Fam es and/or fees thwest State	