

OFFICE OF THE REGISTRAR



FERPA STUDENT REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. The student may choose to complete and submit this form to the Office of the Registrar allowing the release of their education records to specified third parties. *Please note: That while this form authorizes NNMC to release education records to third parties, it does not obligate NNMC to do so.* NNMC reserves the right to review and respond to requests for release of education records on a case-by-case basis.

Name of Student (last, first, middle initial)	Eagle Id:	Date:
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Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.
2. Completed forms should be submitted to the Office of the Registrar

SECTION A. Education records to be released (check all that apply)	
<input type="checkbox"/> Academic Information (Grades/ GPA, registration, student ID number, academic progress, enrollment status)	
<input type="checkbox"/> Financial Aid & Loan Information (Awards, application data, disbursements, eligibility, financial aid academic progress status, repayment history, communication history)	
<input type="checkbox"/> Student Account Information (Billing statements, charges, credits, payments, past due amounts, collection activity)	
<input type="checkbox"/> All Records Listed Above	
SECTION B. List the person(s) to whom access to education records may be provided	
_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
State	State
_____	_____
Zip Code	Zip Code
_____	_____
Relation to student	Relation to student
SECTION C. Duration of release (check one)	
<input type="checkbox"/> One - Time Use - This authorization can only be used once	
<input type="checkbox"/> Limited Use - This authorization expires at the end of the academic year	
SECTION D. Purpose of release (check one)	
<input type="checkbox"/> Family Communications <input type="checkbox"/> Employment <input type="checkbox"/> Admission to an Educational Institution	
I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consents, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.	
_____	_____
Student Signature	Signature of Parent or Guardian (if under 18)
_____	_____
Date	Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.