

OFFICE OF THE REGISTRAR



STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

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)

- Academic Information** (Grades/ GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid & Loan Information** (Awards, application data, disbursements, eligibility, financial aid academic progress status, repayment history, communication history)
- Student Account Information** (Billing statements, charges, credits, payments, past due amounts, collection activity)
- 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)

- One - Time Use** - This authorization can only be used once
- Limited Use** - This authorization expires at the end of the academic year

SECTION D. Purpose of release (check one)

- Family Communications** **Employment** **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	_____ Date	_____ Signature of Parent or Guardian (if under 18)	_____ Date
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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.