



UWEC Nursing Alliance Program – Authorization to Release Student Record Information

In compliance with the federal Family Education Rights and Privacy Act of 1974, Northwood Tech is restricted from disclosing certain information from your student records. You may grant Northwood Tech permission to release information from your student records to a third party by completing this form. You must complete a separate form for each third party to whom you are authorizing student record access.

Section A. Student Information (print clearly)

_____ First Name	_____ Last Name	_____ M.I.	_____ Student ID Number
_____ Mailing Address			_____ Date of Birth (Month/Day/Year)
_____ City	_____ State	_____ ZIP code	_____ Phone Number

Section B. Third-Party Designee (Spouse/Parent/Agency/Employer/Other - print clearly)

Catherine C. Kenny - CONHS (College of Nursing and Health Sciences)
Third-Party Designee

Mailing Address

_____ City	_____ State	_____ ZIP code	_____ Phone Number
_____ E-mail address (optional)			_____ Fax Number

Check one or more of the boxes below to indicate the records you would like released. **Cross out any documents within a category you do not want released.**

- All Records identified below.**
- Academic Records:** Includes grades/GPA, demographic, registration, student ID number, academic progress, class roster, attendance/participation, early alert, advisement, and/or enrollment information. Other: _____
- Financial Aid Records:** Includes financial aid awards, application data, disbursements, eligibility, veteran's benefits, financial aid repayments, and/or financial aid satisfactory academic progress. Other: _____
- Student Financial Records:** Includes invoices, charges, credits, payments, refunds, past due amounts, third-party authorizations, holds (negative service indicators) and/or collection activity. Other: _____
- Counselor/Accommodation Records:** Employment, social history, psychological evaluations, therapy progress reports, alcohol/drug abuse care or treatment, financial status information. Other: _____
- Other (Indicate Specific Record):** _____

Reason you are authorizing this release: _____

Section C. Student Certification

This authorization does not permit the third-party designee to make any changes to your student record or the right to act on your behalf. This authorization will expire on this date ____/____/____ or 3 years from the date signed. You may submit a request to revoke your authorization at any time. By signing below, I authorize Northwood Tech to release and discuss my education records, as specified above, with the individual(s) listed.

Student Signature _____ Date _____

Return form to: northwoodtech.admissions@northwoodtech.edu

For Office Use Only: Date Entered: ____/____/____	Staff Initials: _____
--	------------------------------