Northwood Technical College

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)

First Name ___ Last Name ___ M.I. ___

If third-party designee is parent and both parents reside in the same household, indicate other parent's name. If parents live in separate household, then complete a separate release.

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 ___

Legal Guardian/Power of Attorney Signature ___ Date ___

For Office Use Only: Date Entered: ___/___/___ **Staff Initials:** ___