

Process By _____
Date _____

Consent to the Release of Academic Information

Please complete all sections.

***This form will only be accepted at the student records window, by fax, or by mail.
If you fax, mail, or have a third party turn in this form, please provide a copy of an acceptable form
of ID with your signature, such as a driver's license.***

ID# _____

SS# _____ Name _____ Date _____

Current Address _____ Phone _____
Street or P.O. Box _____

The Family Educational Rights and Privacy Act (FERPA) provides procedures for the appropriate consent for the release of Academic Information about the student listed above. This form is applicable only to students not concurrently enrolled in high school. Students concurrently enrolled at NWACC and in high school need to see the appropriate concurrent advisor.

The persons listed may access the following student information: *Check all that apply.*

<input type="checkbox"/> Grades	<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Academic Progress	<input type="checkbox"/> Attendance
<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> PIN/Password*	<input type="checkbox"/> Payment Information	<input type="checkbox"/> Disability Services <input type="checkbox"/> VA

* Releasing PIN/Password gives the authorized person access to student email, registration, class schedule, and payment/tuition information. (This individual will need to present a picture ID to the Student Records Office or provide the approved password over the phone to receive a PIN/Password.)

The purpose of this form is to make clear to whom the student has given consent to receive Academic Information from the NWACC Student Records Office. This form will be kept in the student's official academic record.

I, (please print name) _____

Check only one of the following:

- Grant no permission to NorthWest Arkansas Community College to release Confidential Academic Information.
- Hereby grant permission to NorthWest Arkansas Community College to release confidential Academic Information to the following persons:

Name	Relationship
Name	Relationship
Company or Organization	Requester's Name
Address	Phone Number

Allow release of information to above noted, third party, by phone. Yes No
If yes, please provide a password for use by the third party for identification over the phone. _____

This Consent to the Release of Academic Information is to remain valid until my graduation unless I have set an alternative date. Please specify: Graduation **OR** Expiration Date: _____

Student Signature _____
Date