

B-S-MISC
Processed by: _____
Date: _____
Scanned by: _____
Date: _____

Consent to Release Information

Student ID: _____

Phone: _____

Name: _____

Date of Birth: _____

Under the *Family Educational Rights and Privacy Act (FERPA)*, students are given the right to have some control over the disclosure of information from their educational records. FERPA applies to the educational records of persons who are, or have been, in attendance in postsecondary institutions, regardless of age.

The purpose of this form is to make clear to whom the student has given consent to receive Academic Information from **NorthWest Arkansas Community College**. Information released to the requested individual will be used to their discretion. This form will be kept in the student's official academic record.

I _____, hereby grant permission to release confidential Academic Information to:

 Recipient's Name

 Relationship to Student

 Recipient's Email

 Recipient's Phone

 Recipient's Address

 Passcode

Above recipient may have access to the following student information: *Check all that apply*

<input type="checkbox"/> Academic Records	<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> Conduct Information
<input type="checkbox"/> Payment Information	<input type="checkbox"/> Disability Services	<input type="checkbox"/> VA Information

This Consent to Release of Academic Information is to remain valid until my graduation unless I have set an alternative date in the following area. Please check one:

Graduation OR Expiration Date: _____

Student Signature: _____

Date: _____

(Proof of identification must be provided at time of submission.)

This form must be completed and turned in, by the student, in person, at the Enrollment Support Center located on the 2nd floor of the Student Center or at the Washington County Center.