NWACC STUDENT RECORDS
NORTHWEST ARKANSAS COMMUNITY COLLEGE
Maximize Potential. Exceed Expectations.

Process By _____
Date _____
Scanned 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, mail, or by email from your NWACC email account. 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# _____

Name _____

Current Address _____ **Phone** _____
Street or P.O. Box, City, State & Zip

E-mail Address _____

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their educational records. Students may elect to complete and submit this form to the Student Record's Office, allowing the release of their education records to specified third parties.

I, (please print name) _____, ***authorize NorthWest Arkansas Community College to disclose the following*** **(check all that apply):**

- ❑Academic Records (grades, transcript, schedule, academic status, attendance)
- ❑Financial Aid Information
- ❑Account Information (tuition amounts, payments made, refunds processed, etc.)
- ❑Disability Services
- ❑VA
- ❑Other (Be specific) _____

***To the recipient listed below*:**

_____ _____
Recipient's Name (may be an individual, agency or organization) **Relationship to Student**

_____ _____
Recipient's Address **Phone Number**

_____
Recipient's Email address

_____
Password/Code (Last 4 Digits of Recipients Social Security # is recommended for individual recipients.)
****Recipient must provide code when requesting information and should protect the confidentiality of the code.***
If recipient requests information via email, only email address listed above will be accepted along with the password/code.

For the purpose of (check all that apply):

- ❑Family Communication (Release is to a parent, spouse, or other family member)
- ❑Employment
- ❑Disability Accommodation
- ❑Veteran's Assistance
- ❑Other (Be specific) _____

I understand that:

- this authorization will remain in effect until my graduation unless I set an alternative date : _____
- I may terminate this release prior to the date specified above by submitting a request in writing to the Student Records Office.
- this consent does not permit the recipient to authorize release of my information to a third party. The receiving party may only use the records for the purpose stated; further disclosure is not permitted.
- under Federal law, education records **may** be disclosed to parents of dependent students (as defined under the Internal Revenue Code) without consent of the student.
- directory information (student's name, addresses, email address, phone numbers, dates of attendance, degrees awarded, enrollment status, major field of study, photograph, and previous institutions) may be released to third parties without a release. If you want to WITHHOLD directory information, you need to complete the Authorization to Withhold Directory Information form.

_____ _____
Student Signature (photo ID required) **Date**

Forms not accompanied by a copy of photo ID will NOT be processed.

For more information about your rights under the Family Educational Rights and Privacy Act (FERPA), visit our website at www.nwacc.edu, Current Students, Student Records

Mail: NWACC Student Records Office One College Drive Bentonville, AR 72712
Fax: (479) 619-2229
In person: The Student Records Office is located on the second floor of Student Center.
NWACC email address: Send the completed form to askregistration@nwacc.edu