



In compliance with the Federal Family Education Rights and Privacy Act of 1974, NTC is restricted from disclosing certain information from your student records. You may grant NTC permission to release information from your student records to a third party by completing and signing the form. **Please send the completed form including student signature to Student Services to be added to the student's file (mailstop C110).**

**SECTION A. Student Information (print clearly)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone Number \_\_\_\_\_

**SECTION B Third-Party Designee(s) (Spouse/Parent/Agency/Employer/Other – print clearly)**

1. \_\_\_\_\_  
First and Last Name (i.e. for parent, spouse, guardian, friend, etc.)  
2. \_\_\_\_\_  
First and Last Name (i.e. for parent, spouse, guardian, friend, etc.)  
3. \_\_\_\_\_  
Name of Agency, Employer, High School (along with specific person or position, i.e. principal, counselor, human resources, etc.)  
4. \_\_\_\_\_  
Name of Agency, Employer, High School (along with specific person or position, i.e. principal, counselor, human resources, etc.)

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, demographic, registration, student ID number, academic progress, class attendance/participation, early alert, advisement, admission test scores and/or enrollment information.
- Financial Aid Records:** Includes financial aid awards, application data, disbursements, eligibility, veteran's benefits, financial aid repayments, and/or financial aid satisfactory academic progress.
- Student Financial Records:** Includes invoices, charges, credits, payments, refunds, past due amounts, third-party authorizations, holds (negative service indicators) and/or collection activity.
- Counselor/Accommodation Records:** Employment, social history, psychological evaluation, therapy progress reports, alcohol/drug abuse care or treatment, and/or tutoring information.
- Student discipline/behavior**
- Other (indicate specific record):** \_\_\_\_\_

**SECTION C. Student Certification**

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 NTC to release and discuss my education records, as specified above, with the individuals listed. **The authorization of release is not valid without the student signature below.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian/Power of Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials: \_\_\_\_\_

Please send to Student Services (Mailstop C110)