

## Student Authorization to Release Records

### POLICY REGARDING RELEASE OF STUDENT RECORDS TO PARENTS

**Student Release.** Students may authorize the College to release private student records and academic information to indicated people. Students who desire this service need to complete this form and file it with the Registrar's Office. **This authorization is voluntary.** This authorization will remain in effect until the student provides written notice to the Registrar terminating the service.

**Parental Release.** According to the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, the College may provide to parents or legal guardians of dependent students information

regarding academic progress and disciplinary action *without* student consent. Status as a dependent is determined by the Internal Revenue Code of 1986, Section 152. In accordance with FERPA, parents or guardians who wish to receive such information *without* student consent must make written request to the Registrar **and provide evidence** that the parents or guardians declared the student as a dependent on their most recent Federal Income Tax Form.

Authorization to provide information *without* student consent in such cases as provided by FERPA remains in effect for the current academic year only.

### AUTHORIZATION TO BE COMPLETED BY THE STUDENT:

I, the undersigned student, do hereby request that any information concerning me be released to the person(s) named below upon their request. My signature authorizes the College to release information about me during the period in which I am enrolled at the College. I understand I have the right to terminate this authorization by providing written notice to the Registrar.

Print Student Name \_\_\_\_\_ Northland College ID \_\_\_\_\_

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

Please check all that apply:

Provide **academic information** to the following individuals:

Provide **financial information** to the following individuals:

Provide **other information, specifically** \_\_\_\_\_ to the following individuals:

Purpose of disclosure (optional): \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

**NOTICE: Authorization becomes valid when filed in the Registrar's Office.**

**Registrar's Office Use Only:**