NORTH CENTRAL STATE COLLEGE
AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

A. I, ____ **(Name of Student)** ,hereby voluntarily authorize officials in the North Central State College department(s) identified below to disclose personally identifiable information from my education records (please check the box or boxes that apply):

- ☐ Registrar (Student Records Office)
- ☐ Financial Aid
- ☐ Academic Department (Please Specify)_______________________________________
- ☐ Other (Please Specify)____

B. Specifically, I authorize disclosure of the following information or category of information (please check the box or boxes that apply):

- ☐ Grades/Transcripts
- ☐ Financial Aid
- ☐ Disciplinary
- ☐ Scholarship
- ☐ Academic Records
- ☐ Photos
- ☐ Other (Please Specify)____

C. This information may be release to ____

_______________________________ **(Print Name of Individual(s) to whom College may disclose information)**

for the purpose of informing:

- ☐ Family
- ☐ Employer/Prospective Employer
- ☐ Educational Institution
- ☐ Other (Please Specify)____

I understand that the student records information listed above includes information which is classified as private on me under the Federal Family Educational Rights and Privacy Act, 20 U.S.C. 1232(g). I understand that by signing this Informed Consent Form, I am authorizing the College to release to the persons named above and their representatives information which would otherwise be private and not accessible to them. I understand that without my informed consent, the College could not release the information described above because it is classified as private.

I understand that when my education records are released to the persons named above and their representatives, the College has no control over the use the persons named above or their representatives make of the records which are released.

I understand that, at my request, the College must provide me with a copy of any education records it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. This consent expires upon completion of the above stated purpose or after one year, whichever comes first. However, if the above-stated purpose is not fulfilled after one year, I may renew this consent. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Name: ____ **(Please Print)** ID or SSN _________________

Signed: ____ Dated: _____________________