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# REQUEST TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) requires Northwest Iowa Community College to release detailed information to only the student. The student may however, voluntarily waive their privacy rights to the person(s) they choose to authorize in the statement below. By completing this form the named person will have the ability to obtain information regarding the student's records.

I, \_\_\_\_\_ hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing Northwest Iowa Community College to share requested information to:

\_\_\_\_\_  
Name/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

Student Signature: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Approx. Last Date of Attendance/Grad Date: \_\_\_\_\_

Date: \_\_\_\_\_