Authorization to Release Student Record Information



Return to: studentrecords@ntc.edu

Forms must be received from the NTC student email if electronically signed

In compliance with the Federal Family Education Rights and Privacy Act of 1974, NTC is restricted from disclosing certain information from your student records. Access to or release of your student records is only by written student consent.

SECTION A. Student information (print clearly)					
First Nam	ne	Last Name	M.I.	Student ID Number	
Mailing Address				Date of Birth	
				()	
City		State	Zip code	Phone Number	
SECTIO	N B Third-Party Des	ignee(s) (Spouse/Parent/	Agency/Employer/C	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.)				
	First and Last Name (i.e. for parent, spouse, guardian, mend, etc.)				
3	Name of Agency Empl	over High School (along with	specific person or positi	ion, i.e. principal, counselor, human resources, etc.)	
	Hame of Agency, Employer, Fight concer (along with operation of position, i.e. principal, countries, maintain 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 identifie	ad balaw			
	attendance/participation, early alert, advisement, admission test scores and/or enrollment information.				
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	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.				
	Other (indicate specific record):				
SECTION C. Student Certification					
This authorization does not expire. You may submit a written 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:		
1 of Office Ode Offity. Date Efficient.				IIII	

Northcentral Technical College does not discriminate on the basis of race, color, national origin, sex, disability or age in employment, admissions or its programs or activities. The following person has been designated to handle inquiries regarding the College's nondiscrimination policies: Equal Opportunity Officer, Northcentral Technical College, 1000 W. Campus Drive, Wausau, WI 54401. Phone: 715.803.1057