



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)

Form fields for Student Information: 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)

Form fields for Third-Party Designee(s): 1. First and Last Name, 2. First and Last Name, 3. Name of Agency, Employer, High School, 4. Name of Agency, Employer, High School.

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.

- Checkboxes for record categories: All records identified below, Academic Records, Financial Aid Records, Student Financial Records, Counselor/Accommodation Records, Student discipline/behavior, 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: _____