

Authorization to Release Student Record Information

In compliance with the Federal Family Education Rights and Privacy Act of 1974, NTC is restricted from disclosing certain information from your student records. You may grant NTC permission to release information from your student records to a third party by completing and signing the form. You must list each individual person separately below or complete a separate form for each third party to whom you are authorizing student record access. Please send the completed form including student signature to Student Services to be added to the student's file (mailstop WK).

SECTION A. Student Information (print clearly)				
First Nar	me	Last Name	M.I.	Student ID Number
Mailing A	Address			
City		State	Zip code	() Phone Number
SECTIO	ON B Third-Party De	signee(s) (Spouse/Pare	nt/Agency/Employer/	Other – print clearly)
1				
	First Name		Last Name	M.I.
2.				
	First Name		Last Name	M.I.
	one or more of the bory		records you would like	e released. Cross out any documents within a
Reason	financial aid repayments, and/or financial aid satisfactory academic progress. Other: Student Financial Records: Includes invoices, charges, credits, payments, refunds, past due amounts, third-party authorizations, holds (negative service indicators) and/or collection activity. Other: Counselor/Accommodation Records: Employment, social history, psychological evaluation, therapy progress reports, alcohol/drug abuse care or treatment, and/or tutoring information. Other: Student discipline/behavior			
This au	your authorization at	on this date any time. By signing belo	w, I authorize NTC to	rs from the date signed. You may submit a request to release and discuss my education records, as s 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:				

Please send to Student Services (Mailstop WK)