



Authorization to Release Confidential Information

Phone: 920.498.6269 Toll-free: 888.422.NWTC Web: www.nwtc.edu

In compliance with the Federal Family Education Rights and Privacy Act of 1974, NWTC is restricted from disclosing certain information from your student records. You may grant NWTC permission to release information from your student records to a person/third party by completing this form.

Student Information (print clearly) **Student ID:** _____

First Name	Last Name	M.I.	Date of Birth
Phone Number		Type of photo ID Verification	

Person/Third Party authorized to access student account information (print clearly):

1.	First Name	Last Name	Relationship
2.	First Name	Last Name	Relationship

Effective dates/semesters _____ **through** _____

(If no dates are listed, release will be valid for one (1) year from date signed.)

This authorization does not permit the third-party designee possess or make any changes to your student records or the right to act on your behalf, it permits them to view the record(s). This authorization will expire 1 year from the date signed unless otherwise specified. By signing below, I consent that NWTC may disclose and discuss confidential information from my education record with the individual(s) listed above.

Student Signature:	Date
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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 Identified below.
- ☐ Academic Records: Includes grades/GPA, demographic, registration, student ID number, academic progress, attendance/participation, early alert, advisement, and/or enrollment information. Other: _____
- ☐ Financial Aid Records: Includes financial aid awards, application data, disbursements, eligibility, veteran's benefits, 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: _____
- ☐ Disability Service Records: Includes IEP, case notes, Other: _____
- ☐ Student Discipline Records: Includes incident report (may be redacted), student specific findings

For Office Use Only

Security Code _____	NWTC Staff Name: _____	Date Received: _____
Print clearly		