



**REQUEST TO RELEASE INFORMATION**

ATTN: Registrar  
Northeast Iowa Community College  
P.O. Box 400  
Calmar, IA 52132  
Phone: 800-728-2256, ext. 233  
Fax: 563-562-4369

ATTN: Assistant Registrar  
Northeast Iowa Community College  
10250 Sundown Road  
Peosta, IA 52068  
Phone: 800-728-7367, ext. 295  
Fax: 563-556-5058

RE: \_\_\_\_\_  
(Student Name)

SSN: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) requires Northeast Iowa Community College (NICC) to release non-directory information only to the student. The student may, however, voluntarily waive privacy rights and authorize certain individuals to receive the non-directory information. By completing this form, the individuals named below will have the ability to obtain information regarding the student.

I, \_\_\_\_\_, hereby waive my rights under FERPA, and I  
(Student's Signature)  
hereby authorize NICC to release any information concerning my enrollment at NICC to the following persons: (list first and last names of all individuals authorized to obtain this information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information may include: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> All academic information and grades | <input type="checkbox"/> Attendance information |
| <input type="checkbox"/> Financial aid information           | <input type="checkbox"/> All financial activity |

This information is requested on the date hereof and for all terms of enrollment at NICC unless it is rescinded in writing.

**Only certain information will be released over the phone.  
All requests for transcripts or grades will need to be made in writing.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**For Office Use Only**

Financial Aid Office \_\_\_\_\_ Date \_\_\_\_\_ Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_