



## Consent for Release of Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First Middle

I, the above named student, hereby authorize North Idaho College to release the following information to the individual indicated below. Please check all that apply.

- Complete access to all records with no exceptions
- Academic records       Admissions records       Advising records       Attendance records
- Billing records       Course schedule       Disability records       Disciplinary records
- Financial Aid records       Graduation records       Residence Hall records       Transfer institutions
- Other (please specify): \_\_\_\_\_

Please indicate the individual to whom the above information may be released to upon request. If you would like to authorize release of different information to another individual please complete an additional form.

\_\_\_\_\_  
Last First Middle Relationship to Student

\_\_\_\_\_  
Street Address City State Zip Phone Number

\_\_\_\_\_  
Email Address

In order to ensure secure access to your records, we require the creation of a security question and answer that you share only with the individual you have designated to have access to your records. The individual must know the answer to this security question in order to gain access to the records you have granted. It should not be a question to which the answer is common knowledge.

Security Question: \_\_\_\_\_ Answer: \_\_\_\_\_

I understand that this information is considered a student education, financial, and/or housing record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Only complete this section to revoke the above individual's access to your information at a later date.*

I revoke my permission for release of information to the above named individual.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The student's current photo ID must be shown when submitting this form. If the form is mailed or faxed back please include a copy of the student's photo ID that includes a signature, such as a Driver's License.**