

**Student Authorization to Release
Records to a Third Party**

Student's Name:

Last Name	First Name	Middle Name
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Item(s) of information to be released, check all that apply:

- Attendance record
- Grades/Transcripts
- Information regarding payment of tuition and fees
- Landlord/Residence Hall communications
- Medical records
- Disciplinary records
- Class schedule
- Advising records
- Transfers/Waivers
- Physical Form

The information may only be released to the following person(s) or department(s):

- Parents
- Coaches – for recruiting purposes
- NJCAA
- Scenic West Athletic Conference
- NWAC
- NIC Health Services
- Athletic Trainer
- Athletics Director/Coordinator of Athletics

I hereby grant authorization to North Idaho College to release my above-referenced Education reports to the party or parties listed on this form. I understand that I am entitled to a copy of the records so disclosed upon request. I also understand that this release is valid for one calendar year from the date of my signature.

Student's signature

Date

I also grant authorization to North Idaho College to release my grade point average (GPA) to the Media should I be selected to the Honor Roll.

Student's signature

Date