



FERPA Release Form
(Family Educational Rights and Privacy Act)

I, _____
(PLEASE PRINT FULL NAME)

the undersigned, hereby authorize North Dakota State College of Science (including faculty and administrative offices) to release the following educational records upon request. I understand the information which can be released concerning me, upon request, can include but is not limited to attendance, attitude, dependability, coursework and grades.

Information you wish to disclose, please check all that apply:

All financial records and student records to include but are not limited to:

Financial Aid, Dining Services, Student Health Services charges, Business Affairs, Bookstore, Residence Life, Student Code of Conduct, Residence Life Code of Conduct

Academic record/transcript (If a transcript is to be sent to an address other than that on file at NDSCS, a written request must be signed by the student or other party to whom student has permitted release of such records).

Application for Employment As a student or Alumnus of NDSCS, I authorize the Career Services Office to secure information relating to my employment qualifications including data on coursework, grades, references and other pertinent information and to transmit such information to other persons in connection with securing employment for me. I further agree to inform the Career Services Office upon accepting employment or if the status of my availability changes.

Other (please specify): _____

Name of individual(s) I wish to release information to:

Table with 2 columns: Name, Relationship. Rows 1, 2, 3.

I understand although I am not required to release my records to these individual(s), I am giving my consent to release information. I understand further that: 1) I have the right not to consent to the release of my education records; 2) I have a right to receive a copy of any written reference upon request; 3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the NDSCS office listed below, but that any such revocation shall not affect disclosures previously made by said employee prior to the employee's receipt of any such written revocation.

Signature of Student

Date of Birth (mm/dd/yy) Student ID number Today's Date

Signature of Parent or Guardian (Only if student is under 18 years of age)

Disclosure of student educational record is governed by polices developed by North Dakota State College of Science in compliance with state law and the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). NDSCS maintains the following educational records which contain information directly related to students.

- Application material submitted by the student or sent to North Dakota State College of Science at student's request
• Financial Aid material submitted by the student or sent to NDSCS at students request
• Account payment cards and receipts
• Records pertaining to academic or training achievement, including transcripts and grad reports
• Instructor recommendations

The content of each record falls into one of two categories: public directory information and non-public information. Nonpublic student record information may not be released without written consent from the student or from a parent of a dependent student. As allowed by law, the college may release the public directory information listed below

- Name, address, and telephone listing
• Name and address of parents
• Date and place of birth
• Major field of study
• Participation in officially recognized activities
• Weight and height of members of athletic teams
• Dates of attendance
• Degrees and awards received
• Most recent previous institution attended
• Class level
• Email address

Student records are on file in appropriate NDSCS offices and are accessible only to persons having legitimate interests as defined in Public Law 93-380