



Authorization for Release of Personal Information (FERPA Policy)

Northwest-Shoals Community College
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The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student educational records. By signing this form, the student allows Northwest-Shoals Community College (NW-SCC) to release records to parents, grandparents, spouse, and/or guardians, and other specified individuals.

I, _____, hereby authorize NW-SCC to release the following records:
(PRINT NAME)

___ **Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application of financial aid record).

___ **Admission/Transcript Records** (records include: transcripts, admission and registration information, schedule information, and any other information contained in the academic records).

___ **Student Account Records** (records include: amounts due for tuition and fees; sources of payment for tuition and fees; refund information; records hold information as it relates to parking tickets, library fines, and financial aid repayments; and any other accounts receivable information contained in the student account records).

Please Note: Services for Students with Disabilities records are considered medical records and are not covered under the FERPA rules. A separate release form must be obtained from disability services.

VENDOR CLAUSE: This form gives NW-SCC the authority to discuss all relevant matters with external vendors that will facilitate a service on behalf of the student who is enrolled in an authorized college program (i.e., Student Success).

The following individual(s) are authorized to access the information indicated above:

Spouse _____ Mother/Stepmother _____
Father/Stepfather _____ Other _____

REQUIRED - Please select a **4-digit code** that will be assigned to your record. In order for authorized individuals to access your information, they will need to provide this code to the appropriate office: _____

Although I understand I am not required to release this information, I am giving my consent to NW-SCC to disclose these records. I also understand that this release remains in effect while I am a student at NW-SCC, unless I revoke my consent in writing and deliver it to the Admissions Office at NW-SCC.

Student's Signature

Student Number or Social Security Number

Date

FOR ADMISSIONS PERSONNEL ONLY:

Entered in Checklist _____

Processed by: _____
Signature Date