



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

The Family Educational Rights and Privacy Act of 1974, as amended, affords privacy rights to students with respect to their education records. A student may grant access to these records to a designated party by completing this form. This release must be signed by the student.

\_\_\_\_\_  
Student Name Student ID Number

*I authorize Northeast Community College to grant access to the records listed below for the purpose of following the student's progress.*

SCOPE OF RECORDS TO BE RELEASED:  
(check each item that you would like to be released)

- Class Participation/Attendance     Extracurricular Participation     Housing Records  
 Academic Performance     Student Accounts Billing/Financial Aid Records     Student Conduct Records

**This is to attest that I am the student (enrolled or previously enrolled) signing this form and by signing below, I hereby authorize Northeast Community College to release my Education Record Information as specified above. Further, I agree to release, indemnify, and hold harmless Northeast Community College, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the College's compliance, or any attempts to comply, with this Authorization. This Authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Student Services Office in the College Welcome Center at Northeast Community College in Norfolk, Nebraska.**

\_\_\_\_\_  
Student Signature Date

RELEASE IS GRANTED TO THE FOLLOWING PERSON(S):

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone (Home) Telephone (Cell)

\_\_\_\_\_  
Telephone (Work) Email Address

Please Select an Authorization Code: \_\_\_\_\_  
*(The student is responsible for providing the Authorization Code to the above-designated person. The Authorization Code must be used by the above-designated person when calling regarding the student's records.)*

Northeast Community College will accept the completed form via U.S. Mail, fax, or email. **The Release of Information form will not be honored if it is incomplete when it is received.** Please return the form to:

Northeast Community College  
College Welcome Center, Student Services Office, Room 1230  
801 East Benjamin Avenue  
PO Box 469  
Norfolk, NE 68702-0469  
Fax No. (402) 844-7403  
Email: [vpstudentservices@northeast.edu](mailto:vpstudentservices@northeast.edu)