



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I authorize Northeast Community College to grant access to the records listed below.

SCOPE OF RECORDS TO BE RELEASED:

(Check the box next to each item that you would like to be released)

- | | | |
|---|---|--|
| <input type="checkbox"/> Class Participation/Attendance | <input type="checkbox"/> Extracurricular Participation | <input type="checkbox"/> Housing Records |
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Student Accounts Billing/Financial Aid Records | <input type="checkbox"/> 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 information from my education record 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 Admissions and Registration Office in the College Welcome Center at Northeast Community College in Norfolk, Nebraska.

Student Name (please print)

Student ID Number

Student Signature

Date

*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.*

Please select an Authorization Code: _____ (Can be any combination of letters/numbers/symbols)

**If this form is for a job reference, no authorization code is required.* The student is responsible for providing the Authorization Code to the designated person(s) to whom release is granted. The Authorization Code must be used by the designated person when calling regarding the student's records.

RELEASE IS GRANTED TO THE FOLLOWING PERSON(S):

(list the name(s) of the individual(s) to whom access to information is granted)

Name please print (If the release is for a job reference, please put "All potential employers")

Relationship (i.e. Parents, Sibling, Spouse, etc)

If this release is for the purpose of a reference, the following people are authorized to release my records: _____

Name(s) of Northeast faculty or staff member(s) who may serve as a reference.

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

Northeast Community College
College Welcome Center, Admissions and Registration Office, Room 1128
801 East Benjamin Avenue, PO Box 469
Norfolk, NE 68702-0469
Fax No. (402) 844-7396 or Email: admreg@northeast.edu

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