

STUDENT RELEASE OF INFORMATION FORM

The Federal Educational Rights and Privacy Act of 1974 (FERPA) protects the student's educational record from disclosure to unauthorized individuals. I hereby give permission to the person(s) or agency listed below to access certain information from my educational record at Northampton Community College.

Student's Name (Last) (First)				
Student's Name (Last) (First)				
		(Middle)	(Pre	evious)
Address (Street)	(City)	(Sta	ate)	(Zip)
Primary Phone Number	-	Secondary Phone Number		
Individual or Agency to whom access is granted:				
		_ Relationship to St	udent: _	
		Relationship to Student:		
receive information or make a request that the specthrough the mail will be sent to the requestor in car Educational Records to be released to above perso All Academic Records	e of th	e student.	reques	ts released
	☐ Financial Records (including Financial Aid)			
☐ Student Conduct☐ Grades from past semester/year (please specify)	camaci	er/vear):		
Other (please specify):		· · ·		
Important Note: This form is valid for one year from the NCC Records Office each year that they wish such may revoke authorization at any time by notifying	n the d ch acce	ate received. Students m ss be given to an individua	ust file a al and/o	
(handwritten signature only)				
Signature of Student Authorizing Release		Date		
Records Office ☐ 3835 Green Pond Road ☐ Bethlehen	n, PA 18	8020 ☐ fax: 610-861-5551	record	@northampton.edu