Authorization for Release of Information

North Idaho College

Student Information	Student ID:	
Last Name:	First Name:	Middle Initial:

Authorize these records to be released:

- ☐ All records, no limitations
- ☐ Admissions
- ☐ Student Finance
- ☐ Financial Aid
- ☐ Academic
- ☐ Advising

Authorize access to this individual (one individual per form)		
Last Name:	First Name:	Middle Initial:
Email:	Phone:	
Relationship:		

A security question and answer that you share only with the above individual are required. The individual must know the answer to this unique question in order to gain access to the designated records.

Security Question: _____

Answer: _____

I understand that by signing this authorization, I am waiving my right to keep my educational records confidential under the Family Education Rights and Privacy Act (FERPA). I certify that authorization for release of my educational records is entirely voluntary. I understand this authorization is valid for two calendar years and can be revoked by me at any time in writing.

Student's Signature: _____Date: _____

A photo ID with signature verification will be required when submitting this form. This authorization will remain in effect for two calendar years from the date received.

Only complete this section to revoke access of the above individual to your information.

- ☐ I revoke my permission for release of information to the above-named individual.

Student's Signature: _____Date: _____

For Office Use	ID Verified	Expiration Date	Date & Initials

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