



**North Dakota
State College of Science™**

**North Dakota State College Of Science
Financial, Academic, Student Services, Affairs and Records
FERPA Release Form**

(Family Educational Rights and Privacy Act)

I, _____
(PLEASE PRINT FULL NAME)

the undersigned, hereby authorize North Dakota State College of Science (including faculty and administrative offices) to release the following educational records upon request. I understand the information which can be released concerning me, upon request, can include but is not limited to attendance, attitude, dependability, coursework and grades.

____ Yes. I certify that my parents claim me as a dependent for federal income tax purposes. Under FERPA, NDSCS is permitted to disclose information to your parents, if your parents (or one of your parents) claim you as a dependent for federal tax purposes.

____ No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Information you wish to disclose, please check all that apply:

____ All financial records and student records to include but are not limited to Financial Aid, Business Affairs, Residence Life, Dining Services, Bookstore, Student Health Services and Student and Residence Life Code of Conduct.

____ Academic record/transcript (If a transcript is to be sent to an address other than that on file at NDSCS, a written request must be signed by the student or other party to whom student has permitted release of such records).

____ As a student or Alumnus of NDSCS, I authorize the Career Services Office to secure information relating to my employment qualifications including data on coursework, grades, references and other pertinent information and to transmit such information to other persons in connection with securing employment for me. I further agree to inform the Career Services Office upon accepting employment or if the status of my availability changes.

____ Other (please specify): _____

Name of individual(s) I wish to release information to:

Spouse _____

Mother and or Stepmother _____

Father and or Stepfather _____

Other (please specify) _____

I acknowledge by my signature that I understand although I am not required to release my records to these individual(s), I am giving my consent to release information. I understand this release remains in effect unless I revoke such consent in writing and the revocation is delivered to NDSCS.

Signature of Student
ID

Date

SS# or Student

Signature of Parent or Guardian (Only if student is under 18 years of age)

Return to:

NDSCS Enrollment Services, Haverty Hall 105/106, 800 6th Street N., Wahpeton, ND 58076