



**North Dakota State College of Science**  
**Financial, Academic, Student 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.

\_\_\_\_\_ All financial records (these records include but are not limited to Financial Aid, Business Office, Residence Life, Dining Services, Bookstore or Student Health Services).

\_\_\_\_\_ 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 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 \_\_\_\_\_ Date \_\_\_\_\_ Social Security or Student ID \_\_\_\_\_

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

Return this form to:  
 NDSCS, Enrollment Services/Records  
 Haverty Hall 105/106  
 800 Sixth Street North  
 Wahpeton, ND 58076-0002