

New Request Update Request Delete Request		
Student Request for Release of FERPA Protected Educational Records		
The purpose of the Family Educational Right privacy of information concerning individudisclosure of information concerning stude educational record. I understand that	al students by placing cert	tain restrictions on the
(1) I have the right not to consent to the re	lease of my education rec	cords;
(2) I have the right to receive a copy of suc	ch records upon request;	
(3) and this consent to release shall remain disclosure of information made by Northari affected by revocation.		
I further understand that in order for Northobelow, this signed release must be execute		o the individual(s) named
Student NameLast	 First	 Middle Initial
authorize North Arkansas College to releas over the telephone) listed below:	e my educational records	to any person (in person or
Student Signature:		
Northark Student ID:		
Date:		
This form MUST be submitted IN PERSON by Office.	student with picture identi	ification to the Registrar's
08/22/2014		
For Office Use:		
ID Verified:		

Date: