



NORTHWESTERN STATE

Office of the Registrar

Student Services Center
Natchitoches, LA 71497
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800.807.8849
F 318.357.5823
registrar@nsula.edu

STUDENT INFORMATION RELEASE AUTHORIZATION

STUDENT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)

STUDENT ID NUMBER

THIRD-PARTY INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL-please print)

DATE OF BIRTH

CURRENT ADDRESS (STREET/P.O. Box, APT. #)

CITY, STATE, & ZIP

RELATIONSHIP TO STUDENT

DAYTIME PHONE NUMBER

E-MAIL ADDRESS

INFORMATION TO BE RELEASED *(check all that apply)*

Academic Information

Financial Aid Records

Medical Records

Student Accounting Information

Other _____

AUTHORIZATION

In compliance with The Family Educational Rights and Privacy Act of 1974 as amended (FERPA), Northwestern State University will only disclose confidential information from the education records of students to parents or other third parties provided the University has written consent from the student on file.

You must complete a separate form for each parent or third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party. Please Note: This release form will remain valid through the student's enrollment at Northwestern State University unless specifically revoked by this student. For any additional information, visit the NSU FERPA Information page at <http://righttoknow.nsula.edu/> or the Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

By signing below, I consent that Northwestern State University may disclose and discuss confidential information from my education record with the individual listed above. Even with this consent form, we cannot discuss this information with a third party via the telephone or e-mail.

STUDENT'S SIGNATURE

DATE

REVOKE AUTHORIZATION

By signing below, I hereby revoke any prior authorization for Northwestern State University to disclose my education record information with the individual listed above, effective immediately.

STUDENT'S SIGNATURE

DATE