



## Authorization For Release of Academic Information

In accordance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA), all academic records and personally identifiable information (PII), are considered private between the student and the college and requires a written release for discussion of information with a third party.

Generally, no one outside the college (including parents/guardians) shall have access to any students' education records nor will the college disclose any information from such records without the written consent of students except for information designated as directory information. Specific directory information that can be released without consent is listed in the Student Handbook. For a variety of reasons, you may wish to waive this protection and permit release of some types of information to certain people.

Student's full name: \_\_\_\_\_ ID number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ New River CTC email: \_\_\_\_\_

I consent to the release of my academic information, in detail, to:

Parent/Guardian/Other (full name): \_\_\_\_\_

Relationship/Title or Agency: \_\_\_\_\_

\*Photo identification will be requested prior to the release of information. Mailed or faxed requests must contain an enlarged copy of the ID with a signature\*

### PLEASE LIST SPECIFIC INFORMATION THAT MAY BE RELEASED

(If no record or "all" records are listed here, the student should assume that this includes but is not limited to: admission, registration, attendance records, academic records, attendance, courses, grades and graduation.)

*Students must complete a separate release form for Financial Account/Financial Aid Information, available online.*

Authorization expires \_\_\_\_\_

- I hereby authorize release of the above-noted information to the designated person(s).
- This authorization expires when I indicate, when I leave the College (unless otherwise specified) or when I submit a new authorization form.
- I acknowledge that in order to revoke this permission, I must submit the change in writing to the Registrar's Office.
- By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

To submit this form:  
Email: [registrar@newriver.edu](mailto:registrar@newriver.edu)  
Fax: 304-929-6719  
Mail: 280 University Drive, Beaver, WV 25813