

NDNU
AUTHORIZATION
TO RELEASE INFORMATION
TO A THIRD PARTY

This authorization is valid from date of signature through July 31, 2006

Student Name: _____

Student ID #: _____

The following categories of my personal information may be released, upon request, to the following person(s) during the timeframe covered by this authorization form:

Please initial before each type of information that you would like released.

Name: _____

Business Office Account

_____ Account Balance

Address: _____

_____ Account History

_____ Financial Aid Transfers

City, State Zip: _____

Residence Location

_____ Telephone

Home/Cell Phone: _____

_____ Email Address

_____ Room Number

Email: _____

_____ Mailbox Number

Relationship to Student: _____

Registrar Office

_____ Class Schedule

_____ Grade Reports

Other Student Records

_____ Academic Advisor

_____ Student Financial Aid File

_____ Other

This form must be submitted to the NDNU Registrar's Office at least fourteen working days prior to the first request for information. If a third party rediscloses personally identifiable student information in violation of FERPA, the college which discloses the information to the third party shall be prohibited from permitting access to education records to that third party for a period of not less than five years. This authorization can be rescinded at any time by writing the Registrar's Office.

Student Signature _____ Date _____