

Release of Student Information to Third Party

(3rd Party Authorization Form) Used by a student to authorize access to his/her student records by another person.



NDNU ID #

Last Name

First Name

Middle Name

Procedure

This form must be signed and submitted **by the student** to the Office of the Registrar. Please submit a separate form for each person authorized by the student.

Authorized Types of Information

Please put your initials after each type of information that you would like released to a specific individual upon his/her request.

OFFICE OF THE REGISTRAR	Initials
Academic Advising Information	
Class Schedule	
Grade Report	
Graduation Audit	
Transcript	
BUSINESS OFFICE	
Account Transactions / Activity	
FINANCIAL AID OFFICE	
Financial Aid Information	

STUDENT AFFAIRS	Initials
Email Address	
Room Number	
Mailbox Number	
STUDENT CONDUCT	
Student Conduct Information	
OTHER	
<i>Please list below:</i>	

Authorized Person

The above categories of my educational record may be released, upon request, to the following person.

Last Name

First Name

Street Address

City, State

Zipcode

Cell Phone

Home Phone

Relationship to Student

Email Address

Student Signature

Date

THIRD PARTY AUTHORIZATION POLICY

According to FERPA regulations when a third party is authorized to access personally identifiable information of the student, they are not permitted to disclose the information to others without written consent of the student. The authorized party will have access within 3-5 business days following the first request for information. The student may rescind this authorization at any time by writing to the Office of the Registrar.