NEOSHO COUNTY
COMMUNITY COLLEGE

800 WEST 14TH STREET
CHANUTE, KS 66720
900 E. Logan St.
OTTAWA, KS 66067
620.431.2820 EXT. 508 OR 288
IN KANSAS 1-800-SAY-NCCC

CONSENT TO RELEASE INFORMATION

No personally identifiable records from NCCC will be released to parents, spouse, or others without the expressed, written consent of the student. Within the provisions of the Family Educational Rights and Privacy Act (FERPA), access will be granted to the following without the consent of the student: A. School Officials, including teachers and administrators, who have a legitimate educational interest; B. Officials of schools to which the student wishes to transfer; C. Authorized representatives of the Comptroller General of the Unites States, the Secretary of Education, or a administrative head of an education agency; D. In connection with the student's application, receipt or continued eligibility/status for financial aid, or E. A court order.

I authorize release of information and/or records of Neosho County Community College relating to me as proven herein:

Person(s) or Institution(s) to whom disclosure may be made:

_____ _____

_____ _____

If items are checked below, then only that information and/or records checked are authorized for disclosure. If none of the boxes are checked and the document is signed, disclosure of all the following information is authorized .

Please check all that apply:

- ☐ Academic Information/Grades
- ☐ Accounts Receivable
- ☐ Admissions
- ☐ Athletic Membership/Participation
- ☐ Attendance/Enrollment Verification
- ☐ Financial Aid/Scholarships
- ☐ Housing
- ☐ STARS– Student Support Services
- ☐ Student Conduct/Discipline/Grievance Records
- ☐ Transcripts
- ☐ Other Disclosures as noted:
  _____
  _____
- ☐ All of the Above

I authorize any member of the faculty or administration at Neosho County Community College to make disclosures as provided above until this consent is revoked by me in writing and delivered to the NCCC registration office.

I understand that I am entitled to challenge the content of any record of Neosho County Community College which relates to me and that upon request in writing I am entitled to a hearing for that purpose.

I understand that this document overrides any previously submitted Consent to Release Information forms.

_____ _____
ID # Date

_____ _____
Printed Name Signature

Revised: 11-6-2012