

NORTH CENTRAL MISSOURI COLLEGE
RELEASE OF INFORMATION FORM

Student Name _____
Please print

Student ID Number _____ Phone number (____) _____

Mailing Address _____
Street Address P.O. Box number

City State Zip

Personally identifiable information, other than items classified as directory information by the College, are protected and cannot be released without the student's consent. Additional information concerning the student's "right to privacy" and release of records may be found on at www.ncmissouri.edu. Please check the information to be released by the college and indicate the name of the individual to which the information is to be released.

Information to be released:

Release to:

Account balance and billing information	_____	_____
		Name
Grades	_____	_____
		Address
Financial Aid Documents/Awards	_____	_____
		Address
Student Conduct Actions	_____	
Other (Please specify) _____	_____	

Information will be released upon request by the individual specified for the period of:
(From) _____ (to) _____ (not to exceed 12 months).

I hereby authorize North Central Missouri College authorized staff to release the specific information indicated above to the individual specified. I understand that this release authorization is in force for the period of time (not to exceed 12 months) indicated above.

Student Signature Date

OFFICE USE ONLY - Copies distributed to:

Student Accounts _____
Financial Aid _____
Students File _____