



Nueta Hidatsa Sahnish College
 Registrar- Alicia Reed
 (701)627-8047
 Director of Admissions & Recruitment- Dr. Jen Janecek-Hartman
 (701)627-8049
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FERPA FORM

Requested By:

Last Name	First Name	Middle Initial
Day Time Phone Number	E-mail Address	

This signed release will remain in effect while I am enrolled at Nueta Hidatsa Sahnish College (NHSC) or until such time that I may revoke the release by providing written notification to the Office of the Registrar. By submitting this signed consent form, I hereby certify the information to be accurate and consent to the release of information as stated above.

I, the undersigned, give permission to release the following educational records to the named recipient(s) below. With certain exceptions, educational records are those records that are: (1) directly related to a student; and (2) are maintained by an educational agency or Institution or by a party acting for the agency or institution. See, 34 CFR99.3. Furthermore, if consent is being given for the release of such records by electronic or telephonic means, I understand that there is no guarantee that such disclosures of information can be fully secure, and I release NHSC from and waive any and availability against NHSC for any release of student information that may violate FERPA or its regulations as a result of NHSC good faith compliance with any e-mail and/or telephonic communications arising from the permission granted herein.

Student Signature	Student ID	Date
Individual Released to: (please Circle one) Parent Guardian Spouse Other		Action: (please circle one) Permit access to Revoke access to

Last Name
First Name
Address
City, State, Zip

Phone Release:

Please provide a security question and answer to which only you and the individual listed above would know the answer. When NHSC officials receive a telephone call, the actual identity of the person on the other end cannot be discerned or verified. Accordingly, information will only be released if the individual provides the exact answer below.

Day time Phone Number: _____

Question: _____ Answer: _____

Text Alert Release:

In the event of incimate weather, campus emergency, cancelation of classes, and any other campus wide notifications, a text alert will be sent out. I hereby give consent to NHSC to send alerts and texts to my cell.

Number: _____

Carrier: _____

E-mail Release:

NHSC cannot guarantee that an e-mail sent from the NHSC e-mail server will remain secure once it leaves our system. Further, when NHSC officials receive e-mails the identity of the actual sender cannot be discerned. Therefor consent/permission must be granted by the student before NHSC officials can e-mail the above described information. Should this e-mail address change the student should contact the office of the registrar as the above listed e-mail will be the one on record for official use.

E-mail address (optional): _____

Purpose/Reason for release

(Check all that apply):

- _____ Financial Aid
- _____ Scholarships
- _____ Employment
- _____ Insurance
- _____ Legal
- _____ Interpretation
- _____ Other