



OFFICE OF THE REGISTRAR

Nueta Hidatsa Sahnish College
PO Box 490/301 College Drive
New Town, ND 58763
Phone: 701-627-8047

FERPA FORM

Student Name: _____ Student ID: _____

Home Phone #: _____ Cell Phone #: _____ Date: _____

Major: _____ Email: _____

REQUESTED BY

This signed release will remain in effect while I am enrolled at Nueta Hidatsa Sahnish College (NHSC) or until such time that I make 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 (recipients(s) below. With certain exceptions, educational records are those records that are:

- **Directly related to a student; and**
- **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.**

Date: _____

(Student Signature)

Individual Released to: (please Circle one)

Action: (please circle one)

Parent Guardian Spouse Other

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 in climate 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

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

****ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR’S OFFICE****

Registrar’s Use Only

Date of institutional Transfer Credit Evaluation Form Received: _____ Signature: _____