



# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

In compliance with the federal Family Education Rights and Privacy Act of 1974, Nicolet College is restricted from disclosing certain information from your student records. You may grant Nicolet permission to release information from your student records to a third party by completing this form. You must complete a separate form for each third party to whom you are authorizing student record access.

## Student Information (print clearly)

First Name	M.I.	Last Name	Student ID/Social Security
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## I authorize Nicolet Area Technical College to release confidential information to this third party:

First and Last Name of Individual / Name of Agency/Employer, etc.	Phone Number
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Mailing Address	Fax Number
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City	State	ZIP Code	Email
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### Purpose of Release (check one):

- Family Communications
- Employment
- Other (please specify): \_\_\_\_\_

### Duration of Release (check one):

- One time only. Date of one time use: \_\_\_\_\_
- In effect until I withdraw this authorization in writing

### Check one or more categories to indicate the records you would like released.

- Academic Records:** Includes grades/GPA, demographic, registration, student ID number, academic progress, holds, alerts, advisement notes, results of a background check, class schedules, and/or enrollment information.
- Student Financial Records:** Includes billing statements, charges, credits, payments, refunds, past due amounts, third-party authorizations, holds, and/or collection activity.
- Accommodation Records:** Accommodation records and/or case notes, psychiatric evaluations, therapy progress reports, alcohol/drug abuse care or treatment.

**I understand that my records are protected by specific confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that this authorization does not permit the third-party designee to make changes to my student record or the right to act on my behalf. I also understand that I may revoke this consent at any time.**

Student Signature	Date
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