

NASHUA COMMUNITY COLLEGE

Office of the Registrar
505 Amherst Street Nashua, NH 03063

Release of Student Information

Student's Name: ID# @

Permanent Address: State:

City: Zip:

Pursuant to the provisions of the Privacy Act of 1974 (5 USC 552a, PL 93-579, as amended), I hereby authorize Nashua Community College (NCC) to release information from my financial aid file and any other record(s) pertaining to me to the individual(s) listed below. I understand and agree that the information will be released as requested until NCC receives written notice to revoke this form. I understand that the released information may be electronically transferred by NCC and/or its agents. I also understand that before any information is released to the individual(s) that I have designated below, they may be requested to verify my information.

I authorize disclosure of the following information to the designated persons listed below, for reasons determined by the Nashua Community College as appropriate.

Enrollment

Attendance

Grades

Billing

Financial Aid

Other:

(PLEASE SPECIFY)

NAME (Please Print)

Relationship

NAME (Please Print)

Relationship

Student Signature: _____

Date: ____/____/____

This release of information does NOT allow access to the Student Information System (Student Records via the Internet) or Official Transcripts. This release will also remain in effect until the Office of the Registrar receives a change in writing, by the student.

OFFICE USE ONLY

Received By: _____

Date: _____

Date Entered in SPACMNT: _____

Rec'd By Registrar's Office _____