

# Authorization to Release Education Records

## Family Educational Rights and Privacy Act of 1974 (FERPA)

I, \_\_\_\_\_, hereby authorize the Registrar's Office at North Central Texas College to disclose personally identifiable information from my education records, except as provided in section 99.31. The Registrar's Office may disclose this information to the following:

_____	_____
(Name)	(Relation)
_____	_____
(Name)	(Relation)
_____	_____
(Name)	(Relation)

I have appeared in person at the NCTC Registrar's Office and presented my photo ID **or** I have attached a copy of my photo ID (if by mail).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date

**\*\*\* This authorization will remain on file and in effect until I notify the NCTC Registrar's Office in writing.**