



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 Number
_____			_____
Mailing Address			Date of Birth (M/D/Year)
_____			_____
City	State	ZIP Code	Phone Number

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
_____			_____
Mailing Address			Fax Number
_____			_____
City	State	ZIP Code	Email

Check one or more categories to indicate the records you would like released. Cross out any record types within a category you DO NOT want released.

Academic Records: Includes grades/GPA, demographic, registration, student ID number, academic progress, holds (negative service indicators), early alerts, advisement notes, class schedules, and/or enrollment information. Other: _____

Financial Aid Records: Includes financial aid awards, application data, disbursements, eligibility, veteran's benefits, financial aid repayments, and/or financial aid progress. Other: _____

Student Financial Records: Includes invoices, charges, credits, payments, refunds, past due amounts, third-party authorizations, holds (negative service indicators), and/or collection activity. Other: _____

Counselor/Accommodation Records: Employment, social history, psychiatric evaluations, therapy progress reports, alcohol/drug abuse care or treatment, accommodation records, and/or case notes. Other: _____

Other: _____

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