



FERPA- RELEASE OF INFORMATION

In compliance with the Family Educational rights and Privacy Act of 1974 (FERPA) and Nebraska Christian College of Hope International University (NCC) policy, a release of information form must be signed by the student to authorize NCC to release information to a third party. This form must be completed by the student to share academic and/or financial information with an authorized third party, indicated below. FERPA rights apply once a student reaches the age of 18 or begins attending classes at an institution of post-secondary education. This form will be in effect until written notices is received to void the consent provided with this document. For additional information on FERPA, visit the NCC website at <https://www.nechristian.edu/consumer-information/>. This release form applies to the following departments: Student Accounts, Financial Aid, Housing, Registration and Student Affairs. *Note: this form authorizes NCC to release education related records to third parties, however is does not obligate NCC to do so.*

Date: _____ NCC STUDENT ID #: _____

Student's Name (please print):

Last

First

Middle

I hereby authorize Nebraska Christian College of Hope International University to release the following records (please initial):

____ Grades
____ Course Schedule
____ Financial Aid/Student Accounts
____ Housing/ Student Affairs Records

I hereby authorize Nebraska Christian College of Hope International University to the above indicated records to:

Last Name	First Name	Relationship
Address	City	State Zip Code
Cell Phone Number	Home Phone Number	

Last Name	First Name	Relationship
Address	City	State Zip Code
Cell Phone Number	Home Phone Number	

This document must be completed in the presence of a NCC Staff/Faculty member or Notary Public.

Student Signature: _____ Date _____
Staff/Faculty Signature: _____ Print Name _____ Date _____

Do not complete the area below. For Notary Public use only:

State of _____ County of _____

The foregoing instrument was acknowledged before me this date _____ by _____
(Name of Person Acknowledged)

Notary Public Signature

Affix Seal Here

Notary's Commission expires on (date)

**NCC shall not discriminate based upon age, race, ethnicity, color, national origin, gender-identity, sex, pregnancy, disability, sexual orientation, genetic information, veteran's status, marital status, religion or political affiliation.*