FAMILY EDUCATIONAL RIGHTS and PRIVACY ACT
(FERPA)

Notice to students: THIS REQUEST FORM MUST BE COMPLETED AND RENEWED EACH FALL SEMESTER, SPRING SEMESTER, OR SUMMER SEMESTER SESSION IF YOU DO NOT WISH THE COLLEGE TO RELEASE DIRECTORY INFORMATION.

Student

Last    First    Middle

I understand that under the Family Education Rights and Privacy Act, NMC may release the following Directory Information about me to other persons without my permission.

Student Name
Address
Telephone Number
NMC Student E-mail address
Date and place of birth
Honors and Awards
Dates of attendance
Degree(s) conferred
Registration status
Major field of study
Past & Present participation in officially recognized sports activities
Physical characteristics such as height and weight of athletes

☐ RELEASE: Northern Marianas College may release any or all information listed above without my expressed permission.

☐ NO RELEASE: Northern Marianas College shall not release any or all of the information listed above without my expressed permission.

____________________________  ________________________
Student’s Signature          Date