



## **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