

Admissions and Records

2277 Napa-Vallejo Highway, Napa, Ca. 94558 707-256-7200 ◆ fax 707-256-7219

Student Consent for Release or Withdrawal of Consent for Release of Information

Please print clearly in bl	lack or blue ink. All blanks must be filled-in for	this form to be considered.
	NVC Student ID#	
		(7 digit number assigned by the college for identification)
Name:		
Last	First	MI
both a student's right of access Institutions may not disclose info consent except under certain co	and Privacy act (FERPA) of 1974, a to education records and the confic ormation contained in education reconditions. A student's record may be a written authorization or consent.	lentiality of student information. cords without the student's written
	ny parent, guardian, or other third p understand that each individual wil rds.	
Student Signature:	 	Date:
Parent/Guardian/Third Party (Pl	lease Print)	
1)		
Name	Relation	ship
2)	Relation	shin
3)	Reddon	S.II.P
Name	Relation	ship
access to my education records	nt for Release of Information for my parent, guardian or other the effective immediately. If I wish to rewill have to complete another form	einstate the consent for release of
Student Signature:		Date: