



Authorization of Non-Directory Information Disclosure

I hereby authorize North Central Michigan College to release my non-directory information to my parent (s): (or other named individuals or entities). If parents live at the same address, please list them both in #1.

1. _____	2. _____
Name(s)	Name(s)
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip

If person(s) named above are not your parent(s), how are they related to you?

The released reports will be used for the purpose of:

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Date Student's Name (print) ID #

Student's Signature

Student's Social Security Number

Return by fax to: (231) 348-6625

or by mail to: North Central Michigan College, Records Office, 1515 Howard Street, Petoskey, MI 49770