



**NORTHWESTERN STATE UNIVERSITY**  
**REGISTRAR'S OFFICE**  
 Roy Hall – Room 108  
 Natchitoches, Louisiana 71497

Telephone: (318) 357-6171

Fax: (318) 357-5823

E-mail: [registrar@nsula.edu](mailto:registrar@nsula.edu)

**FERPA STUDENT CONSENT FORM FOR ACCESS TO EDUCATION RECORDS**

Name of Student (Last, First, and Middle Initial)	Student ID	Date

The Family Educational Rights and Privacy Act of 1974 (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Parents, legal guardians, and spouses are considered third parties under FERPA and cannot access your records at NSU without your written permission. Students may choose to complete and submit this form to the University Registrar's Office allowing the release of their education records to specified third parties.

**Even with this consent form, we cannot discuss this information with a third party via the telephone or e-mail.** For any additional information, visit the NSU FERPA Information page at [www.nsula.edu/registrar/ferpa\\_new.asp](http://www.nsula.edu/registrar/ferpa_new.asp) or the U.S. Department of Education's website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

**SECTION A: Education records to be released (check all that apply):**

- Academic Information** (Grades, GPA, Registration, Academic Progress, Student's Schedule of Classes, Enrollment Status)
- Student Account Information** (Loan Information, Billing, Payments, Past Due Amounts, Account Balances, Collection Activity)
- Medical Records**

By completing, signing, and dating this consent form, I am giving School Officials of NSU my permission to discuss with, and or release to the person(s) listed below, any or all non-directory information.

**SECTION B: Person(s) to whom access to education records may be provided:**

Please enter name(s) and address of person(s) to whom access to records may be provided.

NAME	ADDRESS	CITY	STATE	ZIP	Relationship to Student

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by completing the revocation section below.

**Student's Signature**

**Date**

**SECTION C: Please sign and date the form below ONLY if you are revoking this consent.**

I hereby REVOKE the right of the parent(s) /guardian(s) listed above to receive any non-directory information concerning my student record (academic, financial, medical), and I am aware that they will be notified of the revocation of this right.

**Student's Signature**

**Date**

Signed, dated, and completed forms should be submitted to the Office of the Registrar in Room 108 of Roy Hall; or mailed to the Office of the Registrar, Northwestern State University, Room 108, Roy Hall, , Natchitoches, Louisiana 71497; or faxed to the Office of the Registrar at (318) 357-5823 or (318) 357-4567. Questions about this form may be directed to the Office of the Registrar at (318) 357-6171.

**FOR OFFICE USE ONLY**

**Date Parent/Guardian Notified**

**Initials**