



**NORTHWEST**  
MISSISSIPPI COMMUNITY COLLEGE

**FERPA RELEASE FORM**  
**STUDENT'S CONSENT TO RELEASE FINANCIAL AID INFORMATION**

**RETURN THIS FORM TO:**  
**Financial Aid Office**  
**4975 Hwy 51 N**  
**Senatobia, MS 38668**  
**Phone: 662-562-3271**  
[www.northwestms.edu](http://www.northwestms.edu)

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\*Social Security No. \_\_\_\_\_ \*Student ID No. \_\_\_\_\_

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**SECTION A – Family Educational Rights and Privacy Act (FERPA) of 1974**

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The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy aspects of a student's educational record. Educational records include financial aid and student account records which are considered confidential and will not be released without written consent from the student, except to the extent that FERPA authorizes disclosure without consent. FERPA gives parents certain rights with respect to their children's education records; however, those rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. For this reason, it is necessary for the Financial Aid Office at Northwest to obtain permission from a student in order to release financial information not excluded by FERPA laws.

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**SECTION B – Student's Release**

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I, \_\_\_\_\_ (please print full name), the undersigned, authorize the release of my financial aid information to the individuals named below. This release pertains only to my financial records. For the purposes of this release, "financial records" are defined as those records or items that directly impact financial aid eligibility and charges, such as Satisfactory Academic Progress (SAP), Lifetime Eligibility Earned (LEU), verification, award amounts, Return to Title IV calculations, and all similar items. This document does not allow the individuals named below to have access to any other department or office. I agree to waive my rights under FERPA and allow the below named person(s) to have access to my financial records, as defined above, effective as of this date forward unless I specify otherwise in writing.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

By signing this form, I certify that I have read and understand the above statements. I also certify that I understand that this release will remain in effect while enrolled at Northwest Mississippi Community College unless I provide a revised FERPA release form in person to the Financial Aid Office.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*When calls are received by the Financial Aid Office, we are unable to release information without proper identifiers. Callers must provide a social security number or a student identification number as requested by the Financial Aid Office staff. We will not release information without one of these identifiers.

*Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or status as a veteran or disabled veteran in employment, program, or provision of services. Compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act is coordinated by Mr. Gerald Beard, Disability Support Services Coordinator, Tate Hall, P.O Box 5555, Highway 51 North, Senatobia, Mississippi 38668, telephone number 662-562-3309, email address [gbeard@northwestms.edu](mailto:gbeard@northwestms.edu). Compliance with Title II of the Age Discrimination Act and Title IX of the Education Amendments of 1972 is coordinated by Mr. Gary Mosley, Vice President for Fiscal Affairs, James P. McCormick Administration Building, P. O. Box 7017, 4975 Highway 51 North, Senatobia, Mississippi, 38668, telephone number 662-562-3216, email address [gtmosley@northwestms.edu](mailto:gtmosley@northwestms.edu).*