



Permission to Release Non-Directory Information

Provide this document to give MPCC students the opportunity to allow release of specific information to designated individuals otherwise restricted by the Family Educational Rights & Privacy Act (FERPA) or the Higher Education Act (HEA).

Student Name _____ (please print legibly) MPCC Student ID _____

Parent / Guardian / Spouse (or other individual)

Name (1): _____

Telephone: _____

E-Mail: _____

Name (2): _____

Telephone: _____

E-Mail: _____

High School (if enrolling in MPCC courses while in high school)

School Name: _____

Contact: _____

E-mail: _____

Phone #: _____

Fax #: _____

Other Business / Organization (if any)

Bus/Org: _____

Contact: _____

E-mail: _____

Phone #: _____

Fax #: _____

Academic Progress

- Class attendance
- Course performance
- Final grades
(provided only if account balance is paid in full)
- Grade point average
(provided only if account balance is paid in full)
- Met / unmet program requirements
- Student schedule

Financial Records

- Payments, bills, refunds, and holds
- FAFSA information and financial aid awards

Student Life

- Athletic experience
- Residence hall experience
- Student conduct
- Other: _____

Return completed form via one of the following:

USPS mail:

Registration & Records
Mid-Plains Community College
601 W State Farm Rd
North Platte NE 69101

Scan & e-mail to: reghelp@mpcc.edu

Drop off at one of the MPCC campuses:

Broken Bow, Imperial, McCook,
North Platte, Ogallala, Valentine

I authorize MPCC to release selected information to the person(s) and/or organization(s) I have listed until the end of _____ (month / year).

Student Signature _____ Date _____