



# IOWA WESTERN

## Access to Student Information Consent Form

### Access to Information

The Family Educational Rights and Privacy Act (FERPA) requires Iowa Western Community College (IWCC) to release non-directory information only to the student. The student may, however, voluntarily waive privacy rights and authorize certain individuals to receive the non-directory information. By completing this form, the individuals named below will have the ability to obtain information regarding the student.

**Education Record:** schedule of classes, transcript of final grades, and progress report grades. This information is only released through the Records & Registration Office through the email address on file or in-person at the Welcome Center with photo identification. Under no circumstances will information be disclosed over the phone.

**Financial Record:** grants, loans, financial aid documents, statements and billing. This information may be released over the phone or via the email address provided to the designated person.

### Contact Information

Education Record:  
Records & Registration Office  
[registrar@iwcc.edu](mailto:registrar@iwcc.edu)  
712.325.3274

Financial Record:  
Financial Aid Office  
[financialaid@iwcc.edu](mailto:financialaid@iwcc.edu)  
712.325.3277

Cashier's Office:  
[cashier@iwcc.edu](mailto:cashier@iwcc.edu)  
712.325.3225

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### **Consent Form (must be completed by the student):**

I hereby waive my rights under FERPA, and authorize IWCC to release the following information to the person(s) listed:  
(Please check)

- My Education Records, limited to schedule of classes, transcript of final grades, and progress reports grades.
- My Financial Records, including grants, loans, financial aid documents, statements and billing.

*Please provide the below information for each authorized person. Include a privacy code or clue to verify the identity. It is the student's responsibility to provide the Privacy Clue to the designated person. The Privacy Clue must be used by the designed person when calling regarding the student's records. Example: last four digits of social security number, mother's maiden name, etc.*

Full Name	Relationship	Email Address	Privacy Clue

\_\_\_\_\_  
Full Name of Student (please print)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

***This authorization is invalid once the student is no longer registered as a student at Iowa Western Community College. A student may revoke authorization at any time through a written request from the student. Please contact the Records & Registration Office if you would like to cancel this consent.***

Return completed form to:  
Mail: Iowa Western Community College  
Records & Registration  
2700 College Road, Council Bluffs, IA 51503

Fax: 712.325.3720