

Access to Student Information Consent Form

Access to Information

Contact Information

The Family Educational Rights and Privacy Act (FERPA) requires lowa 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.

Mental Health Record: safety concerns toward myself or others. This information is only released through the offices of Student Assistance or Residence Life and may be released over the phone or via the email address provided for the designated person.

Education Record:	Financial Record:	Men	tal Health Record:		
Records & Registration Office	Financial Aid Offi	ce Stud	ent Assistance	Cashier's Office	
registrar@iwcc.edu	financialaid@iwc	<u>c.edu</u> <u>stua</u> :	ssist@iwcc.edu	cashier@iwcc.e	
712.325.3274	712.325.3277	712.	325.3461	712.325.3225	
Consent Form (must be completed					
I hereby waive my rights under FER (Please check)	IPA, and authorize IWC	C to release the following i	nformation to the pe	rson(s) listed:	
My Education Records, lim	nited to schedule of cla	sses, transcript of final gra	des, and progress rep	orts grades.	
My Financial Records, incl	uding grants, loans, fin	ancial aid documents, state	ements and billing.		
My Mental Health Record	s limited to safety cond	cerns towards myself or oth	ners.		
Please provide the below informati	on for each authorized	person. It is the student's i	responsibility to provid	de the Privacy	
Code to the designated person. The	•	, ,	on when calling regar	ding the student's	
records. Example: mother's maiden	name, pet's name, co	mbination of numbers, etc.			
Full Name	Relationship	Email Addre	ess	Privacy Code	
Full Name of Student (please print)		Student ID Number	_		
					
Signature of Student		Date Pho		ne Number	
This authorization is invalid once t	_	_			
student may revoke authorization			stuaent. Piease conta	ict the kecoras &	
Registration Office if you would lik	e to cancei this consei	1t.			
Return completed form to:					
Mail: Iowa Western Community Co	ollege, Records & Regis	tration	Fax: 712.325.372	.0	
2700 College Road, Council Bluffs, I	-				