

**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.

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

Mental Health Record:  
Student Outreach & Support  
[sos@iwcc.edu](mailto:sos@iwcc.edu)  
712.325.3461

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

**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.
- My Mental Health Records limited to safety concerns towards myself or others.

*Please provide the below information for each authorized person. It is the student's responsibility to provide the Privacy Code to the designated person. The Privacy Code must be used by the designed person when calling regarding the student's records. Example: mother's maiden name, pet's name, combination of numbers, etc.*

Full Name	Relationship	Email Address	Privacy Code

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