



# Permission to Release Non-Directory Information

Student Name \_\_\_\_\_ (please print legibly) MPCC Student ID Number \_\_\_\_\_

I grant the release of the following information to:

Name: \_\_\_\_\_

School, Business, Organization: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Select all that apply:**

\_\_\_\_\_ Class schedule

\_\_\_\_\_ Course performance

\_\_\_\_\_ Class attendance

\_\_\_\_\_ Semester grades for: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II

\_\_\_\_\_ Grade point average

\_\_\_\_\_ Student account information (billings, account holds, payments, financial aid, and scholarships)

\_\_\_\_\_ Athletic experience

\_\_\_\_\_ Residence hall experience

\_\_\_\_\_ Other: \_\_\_\_\_

(only MPCC generated information may be released)

Selected items will be provided to the above named person or organization upon request. Requests that require mailing will be accommodated within 7 working days.

Release of this information should continue while student is currently registered for MPCC courses or until this date:

\_\_\_\_\_ (please be specific)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to:  
Registration & Records  
Mid-Plains Community College  
601 W State Farm Rd  
North Platte NE 69101**