



**Request to Release Information**

The Family Educational Rights and Privacy Act (FERPA) requires Iowa Valley Community College District (IVCCD) 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 named below will have the ability to obtain information regarding the student.

I, \_\_\_\_\_, hereby waive my rights under FERPA, and authorize  
*Print your name*

**IVCCD to release information concerning my enrollment in Continuing Education Course:**

**Medication Aide (7133) 3/22/21** to the following: \_\_\_\_\_.  
*Course name, number, start date* *Employer Name*

**This information may include: Courses, Grades, Attendance, and Certificate of Completion.**

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today's date