



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 Manager, 1-12-21 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