



Permission to Release Non-Directory Information

Student Name _____ MPCC Student ID Number _____
(please print legibly)

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