



Family Educational Rights and Privacy Act (FERPA) Release Form

I, _____ the undersigned, hereby authorize
(Full name of applicant)
_____ located in _____
(Name of academic institution) (City and State)
to release to Magic City Implement, Inc (potential employer) my academic record
and transcripts and to verify dates of attendance and major course of study.

I acknowledge by my signature that I understand although I am not required to release my records to Magic City Implement, I am giving my consent to release the information. I understand that this release remains in effect for 1 year beyond the date that it was signed, unless I revoke such consent in writing and the revocation is delivered to the above named academic institution.

Signature _____ Date _____

Official Request to have a Transcript of Academic Record Mailed

Name _____

Former Name _____

NAID or SSN # _____ Last Year Attended _____

Address _____

City, State, Zip _____

Phone (____) _____ or (____) _____

Please send my transcript to the following address:

Magic City Implement, Inc.
Attention: HR Manager
PO Box 105
Minot, ND 58702-0105

Phone: 701-838-8884
Fax: 701-838-8880
E-mail: employment@magiccityimplement.com

Signature of Student _____ Date _____ SS# or NAID# _____

**Note if you attended more than 1 educational institution please request additional forms.

