

FERPA – Release of Information

Family Educational Rights and Privacy Act

The College of Southern Idaho will not release any information to any party without your written permission unless legally required. Your permission to release information will stay in effect until you rescind it in writing.

Student: _____ **Student ID:** _____

First Name

Middle Name

Last Name

☐ I only wish to give consent for today's date: _____

I give my permission to the College of Southern Idaho to release information to the following people:

Name _____ Relationship _____

Phone Number _____

Address _____

Email Address _____

Name _____ Relationship _____

Phone Number _____

Address _____

Email Address _____

FERPA PIN: This is a security feature that you will create and give to individuals that you are authorizing to have access to your records. Be sure to choose a 4-digit pin number that you and your authorized persons will be able to remember:

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I hereby grant the above people access via phone, in person, by mail, or email, to the following records:

- | | | |
|--|---|---|
| ☐ Academic Records | ☐ Account Balance | ☐ Admission Records |
| ☐ Attendance | ☐ CCR/ABE Attendance Records | ☐ CCR/ABE Enrollment Records |
| ☐ Financial Aid | ☐ Financial Records | ☐ GED/HSE Scores |
| ☐ GED/HSE Verification | ☐ Grades | ☐ Holds |
| ☐ Housing | ☐ Schedule | ☐ Status |
| ☐ Student Accessibility Records | ☐ Student Account | ☐ Student Conduct Records |
| ☐ TABE/GAIN/CASAS Test Scores | | |

I understand by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary.

Student Signature _____ Date _____

To cancel the Release of Information:

I rescind my permission for the release of information to:

Name: _____ Name: _____

Student Signature: _____ Date: _____

For Office Use Only