

Release of Information

Family Education Rights and Privacy Act (FERPA)

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Account Balance | <input type="checkbox"/> Admission Records |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> CCR/ABE Attendance Records | <input type="checkbox"/> CCR/ABE Enrollment Records |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Financial Records | <input type="checkbox"/> GED/HSE Scores |
| <input type="checkbox"/> GED/HSE Verification | <input type="checkbox"/> Grades | <input type="checkbox"/> Holds |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Schedule | <input type="checkbox"/> Status |
| <input type="checkbox"/> Student Accessibility Records | <input type="checkbox"/> Student Account | <input type="checkbox"/> Student Conduct Records |
| <input type="checkbox"/> TABE/GAIN/CASAS Test Scores | <input type="checkbox"/> Workforce Training Records | |

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