

SI SOUTHERN IDAHO

315 Falls Avenue PO Box 1238 Twin Falls, ID 83303-1238

Phone: (208) 732-6795 – Fax: (208) 736-3014

## **FERPA Privacy Release Form**

	(Last, First, I	VII)			S	tudent ID:		Date of Birth (MM/DD/YY)
I, the above-r person(s).	named stu	dent, hereb	oy declare	that the Co	ollege of	Southern Ida	aho may releas	e information to the following
1) Authorized Leg	Person's gal Name: _							Date of Birth
_	_		irst	Middle		Last		(MM/DD/YY)
Person's Addre	Physical Ad	Idress	City		State	Zip Code	County	Gender: □ Male □ Female
Person's Mailir	na Address						R	elationship:
(if different from above		Street	City		State	Zip Code	···	
Person's Phon	e Number:			Em	nail:			
2) Authorized	Person's							
	gal Name: _		First	Middle		Last		Date of Birth
Person's Addre	occ.	'	1151	Middle		Last		Gender: □ Male □ Female
reison's Addit	Physical Ad	Idress	City		State	Zip Code	County	Gender. Li Male Li Female
Person's Mailir	na Address						R	elationship:
(if different from above		Street	City		State	Zip Code	···	
Person's Phon	e Number:			Em	nail:			
I hereby gran	t the abov	e people to	have acce	ess over th		e, in person, t	by mail or by er	mail to the following records:
			have acce	ess over th		e, in person, t	by mail or by er	mail to the following records:
□ Adm	issions Re	ecords	have acce	ess over th		e, in person, b	oy mail or by er	mail to the following records:
□ Adm	nissions Re	ecords Records		ess over th		e, in person, t	by mail or by er	mail to the following records:
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☐ Adm ☐ Fina ☐ Stud ☐ Acad	nissions Rencial Aid Flent Accoudemic Recording Recording	ecords Records Int/Financia Iords (includi	al Records ing Registratio	on/Enrollmen	ne phono	, GPA, Academic	: Standing, Gradua	ation/Degree Audit, etc.)
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