



## FERPA Privacy Release Form

Student Name (Last, First, MI)	Student ID:	Date of Birth (MM/DD/YY)
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I, the above-named student, hereby declare that the College of Southern Idaho may release information to the following person(s).

**1) Authorized Person's**  
**Legal Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
First Middle Last (MM/DD/YY)

**Person's Address:** \_\_\_\_\_ **Gender:**  Male  Female  
Physical Address City State Zip Code County

**Person's Mailing Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
(if different from above) Street City State Zip Code

**Person's Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2) Authorized Person's**  
**Legal Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
First Middle Last (MM/DD/YY)

**Person's Address:** \_\_\_\_\_ **Gender:**  Male  Female  
Physical Address City State Zip Code County

**Person's Mailing Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
(if different from above) Street City State Zip Code

**Person's Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

- Admissions Records
- Financial Aid Records
- Student Account/Financial Records
- Academic Records (including Registration/Enrollment, Grades, GPA, Academic Standing, Graduation/Degree Audit, etc.)
- Housing Records

I understand that this release is in effect for the 20\_\_\_\_ - 20\_\_\_\_ academic year unless revoked in writing by me or by the person(s) named above.

The Family Education Rights and Privacy Act (FERPA), allows students at an institution of higher education to control outside access to their education records, including requests for information from their parents or other family members. Without a student's written consent, the College of Southern Idaho may not disclose information from a student's education records to outside third parties except as provided under FERPA.

I understand that 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. I understand that if I wish to make any changes to my consent for release I will need to submit and file a new form.

\_\_\_\_\_ \_\_\_\_\_  
 Student Signature Date

For Office Use Only	
Completed By: _____	Date: _____