FERPA Consent to Release Student Information

Stone Child College

Please provide information from the educationa	l records of	to:
(Name of pe be released and if appropriate the relationship to	erson) to whom the educati the student such as parent	
The only type of information that is to be	released under this conse	nt is:
Transcripts		
Disciplinary records	a 1	
Recommendations for employment or admis	ssion to other schools	
All records		
Other (Specify)		
The information is to be released for the following pur	rpose:	
Family communications about college experience		
Employment		
Admission to an educational institution		
Other (specify)		
I understand the information may be released of	orally or in the form of copi	es of written
Records, as preferred by the requester. I have the right pursuant to the Consent (expect for parents' financial recommendation for which the student waived inspect this Consent upon providing written notice to the College Official permitted to release the educationa until this revocation is made, this consent shall remain it continue to be provided to (person records will be released) for the specific purpose described.	records and certain letters of ion rights). I understand I in the control of person list all records. I further underson in effect and my education in listed above to whom the control of	of may revoke ited above) as itand that al records will
Name: (Print)		
Signature;	8	
Student ID Number Date:	•	

Release of Information Form

As Per FERPA Guidelines

I authorize release of my grades, transcripts, immunizations records and SAT or ACT scores an any other educational records to:

Registrar's Office Stone Child College 8294 Upper Box Elder Road Box Elder, MT 59521

Date Signed