FERPA Consent to Release Student Information

Stone Child College

Please provide information from the educational records of __________________________ to:

______________________________ (Name of person) to whom the educational records will be released and if appropriate the relationship to the student such as parents or persons.

The only type of information that is to be released under this consent is:

____ Transcripts
____ Disciplinary records
______ Recommendations for employment or admission to other schools
______ All records
______ Other (Specify) __________________________

The information is to be released for the following purpose:

______ Family communications about college experience
______ Employment
______ Admission to an educational institution
______ Other (specify) __________________________

I understand the information may be released orally or in the form of copies of written Records, as preferred by the requester. I have the right to inspect any written records released pursuant to the Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to _______________ (name of person listed above) as the College Official permitted to release the educational records. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to _______________ (person listed above to whom the educational records will be released) for the specific purpose described above.

Name: (Print) __________________________
Signature: __________________________
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

For ALL semesters attended.

____________________________________  __________________________
Signature of Student                    Date Signed