



### Permission to Release Student Record Information

I, \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Student-Print Name)

authorize the College of Southern Idaho to release the following information about me to:

\_\_\_\_\_  
Last Name (Print) First Name (Print)

\_\_\_\_\_  
Organization/School

\_\_\_\_\_  
Address City State Zip

- ACADEMIC:
  - Grades  Registration/Enrollment
  - GPA  Graduation/Degree Audit
  - Test Scores  Academic Standing
- ACCOUNT:
  - Fees  Charges  Payments
- OTHER:
  - Housing  Financial Aid

I give permission for the **College of Southern Idaho** to release the specified information to the recipient listed above. I understand that this information is considered a student education, financial, and/or housing record. I also 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 this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to submit and file a new form.

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

<b>FOR OFFICE USE ONLY</b>	
Completed By: _____	Date: _____
Place original in student's permanent file (Admissions and Records Office). Revised 03/17/2008	