Office of the Registrar
Phone: (208)732-6795
Email:Registrar@csi.edu

FERPA – Release of Information

Family Educational Rights and Privacy Act

The College of Southern Idaho will not release any information to any party without your written permission unless legally required. Your permission to release information will stay in effect until you rescind it in writing.

Student:_____ **Student ID:**_____
First Name **Middle Name** **Last Name**

☐ **I only wish to give consent for today's date:** _____

I give my permission to the College of Southern Idaho to release information to the following people:

Name _____ Relationship_____

Phone Number_____

Address _____

Email Address _____

Name _____ Relationship_____

Phone Number_____

Address _____

Email Address _____

FERPA PIN: This is a security feature that you will create and give to individuals that you are authorizing to have access to your records. Be sure to choose a 4-digit pin number that you and your authorized persons will be able to remember:

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

- ☐ Academic Records
- ☐ Attendance
- ☐ Financial Aid
- ☐ GED/HSE Verification
- ☐ Housing
- ☐ Student Accessibility Records
- ☐ TABE/GAIN/CASAS Test Scores
- ☐ Account Balance
- ☐ CCR/ABE Attendance Records
- ☐ Financial Records
- ☐ Grades
- ☐ Schedule
- ☐ Student Account
- ☐ Admission Records
- ☐ CCR/ABE Enrollment Records
- ☐ GED/HSE Scores
- ☐ Holds
- ☐ Status
- ☐ Student Conduct Records

I understand 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.

Student Signature: _____ Date: _____
No electronic signature for this form. Wet signature only.

To cancel the Release of Information:

I rescind my permission for the release of information to:

Name: _____ Name: _____

Student Signature: _____ Date: _____

For Office Use Only

Processed By _____ **Date** _____ REV 07.09.2025