



# College of Southern Idaho

Office of Admissions & Records  
College of Southern Idaho  
PO Box 1238, Twin Falls, ID 83303-1238

## 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	