



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
 - GPA
 - Test Scores
 - Registration/Enrollment
 - Graduation/Degree Audit
 - 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

FOR OFFICE USE ONLY

Completed By: _____ Date: _____

Place original in student's permanent file (Admissions and Records Office). Revised 03/17/2008