

## Early College Programs Student Consent for Release of Non-Directory Information

College of Eastern Idaho Records Policy, in compliance with the **Family Educational Rights and Privacy Act of 1974 (FERPA)**, requires the written consent of the student authorizing the disclosure of non-directory information from his or her record. The authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

**PHOTO ID IS REQUIRED.** Students must present photo ID when submitting this form in-person, or provide a copy of photo ID when submitting the form via mail, fax or email.

**(PRINT or TYPE All Information CLEARLY, Using Ink Only)**

### 1. Student Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Student ID# \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

### 2. Release Education Record Information to (Recipient):

\_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 \_\_\_\_\_  
 Organization/School \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 3. Type of Release (Check one):

- One-time release of student records.  
 Release of student records until revoked by me in writing and delivered to CEI.  
*(Note: if you have signed a confidentiality request for your directory information, you must submit a one-time only release for each release of information.)*  
 I wish to revoke the current release of information I have on record for the following person/institution: \_\_\_\_\_

### 4. Education Record to be Released (Check all that apply):

- Attendance     Billing Statements     Class Schedule     Financial Aid  
 Grades/GPA     Program Information     Status Information     All of the Above  
 Other- please specify \_\_\_\_\_

### 5. Signature

I give permission to College of Eastern Idaho (CEI) to release the specified information to the recipient listed above. I understand that this information is considered part of a student education and/or financial record. Further, I 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 complete and file a new form.

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

### For CEI Use Only

Initial \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

*Note: by signing this you are confirming that you have verified photo ID. After entering the release of information in Colleague, have the form scanned and place in students file.*