

## Release of 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 by 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. *This form will be voided if it is not completely filled out.*

### 1.Student Contact Information

|                   |                    |
|-------------------|--------------------|
| Name_____         | Date_____          |
| Phone Number_____ | Date of Birth_____ |

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

| Recipient 1                          |                  | Recipient 2                          |                  |
|--------------------------------------|------------------|--------------------------------------|------------------|
|                                      |                  |                                      |                  |
| <i>First Name</i>                    | <i>Last Name</i> | <i>First Name</i>                    | <i>Last Name</i> |
|                                      |                  |                                      |                  |
| <i>Relation/ Organization/School</i> |                  | <i>Relation/ Organization/School</i> |                  |
|                                      |                  |                                      |                  |
| <i>Phone number</i>                  |                  | <i>Phone number</i>                  |                  |

### 3.Signature

***I authorize the College and Career Readiness Center at the College of Eastern Idaho to release any information that pertains to my progress, assessment, and attendance while attending any classes within the College and Career Readiness Division.***

***Student Signature\_\_\_\_\_Date\_\_\_\_\_***