

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.

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 the College of Eastern Idaho 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.