



Release of Information

208.524.3000 ext. 4 phone – 208.525.7026 fax
1600 S 25th E – Idaho Falls, ID 83404 – www.cei.edu

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. This form, will be voided if it is not completely filled out.

***PHOTO ID IS REQUIRED.** Students must present their photo ID when submitting the ROI form in-person. If submitting by mail or fax students must provide a legible copy of their government issued photo ID.

1. Student Contact Information

Name _____ Date _____

Student ID# _____ Phone _____ Date of Birth _____

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

Recipient 1

Recipient 2

Last Name _____ First Name _____ M.I. _____

Last Name _____ First Name _____ M.I. _____

Relation/Organization/School _____

Relation/Organization/School _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

3. Type of Release (Check one):

- One-time release of student academic 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 above.

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

- Financial Records (Financial Aid, Tuition Costs, Billing Statements, etc.)
- Academic Records (Grades, Transcripts, etc.)
- Enrollment Information
- 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 initialing the form, you are confirming that you have verified photo ID. After entering the ROI in Colleague, scan form and place in student's file.