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**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide information from the educational records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of

Student requesting the release of educational records] to: **Red Lake Nation College**

***(Note: this Consent does not cover medical records held solely by Student Health Services or the***

***Counseling Center – contact those offices for consent forms.)***

The only type of information that is to be released under this consent is:

\_\_\_\_\_ transcript

\_\_\_\_\_ disciplinary records

\_\_\_\_\_ recommendations for employment or admission to other schools

\_\_\_\_\_ all records

\_\_\_\_\_ other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information is to be released for the following purpose:

\_\_\_\_ family communications about university experience

\_\_\_\_ employment

\_\_\_\_ admission to an educational institution

\_\_\_\_high school credit/college credit

\_\_\_\_ other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requesting party. I have a right to inspect any written records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to the Registrar. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided Red Lake Nation College for the specific purpose described above.

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (if student under the age of 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_