

# SEMINOLE TRIBE OF FLORIDA



## FERPA Consent to Release Student Information

CENTER FOR STUDENT SUCCESS AND SERVICES: HIGHER EDUCATION PROGRAM

**Note: This Consent form only covers the Higher Education Program**

Name of Student requesting release of educational records: \_\_\_\_\_

Tribal Member ID: M \_\_\_\_ \_

Please write below the name(s) of person(s) to whom the educational records will be released, and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney"

First & Last Name

Relation to Student

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check off all that apply.

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

- transcripts or transcript information (grades/gpa/credits etc.)  
 disciplinary records  
 recommendations for employment or admission to other schools  
 all records  
 other (specify) \_\_\_\_\_

The information is to be released for the following purposes only:

- communications about university experience  
 employment  
 admission to an education institution  
 other (specify) \_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. 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 *Center for Student Success and Services: Higher Education Program*. **I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.**

Name (print): \_\_\_\_\_

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

Signature: \_\_\_\_\_



Student Access Password: \_\_\_\_\_



**Please note:** student access password is an extra level of security provided to protect the student against unauthorized release of confidential information. **The student must provide the password to the individuals on the consent form list. The individual requesting the information must both be on the list and give the password in order for release of information to be provided.**

Please store this password in a safe place.