



Sisseton Wahpeton College

Date Received: _____

Student Information Release Form

In accordance with the Family Education Rights and Privacy Act (FERPA)

You (the student) may grant Sisseton Wahpeton College (SWC) permission to release certain information to a third party by submitting this form. A separate form must be submitted for each person to whom you wish to grant access to your records. Any records will be provided only upon request by the third party – they will not be sent automatically by Sisseton Wahpeton College.

Subject to certain exceptions set forth in the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Sisseton Wahpeton College will not provide personally identifiable student information (including but not limited to grades, billing, tuition and fees assessments, financial aid and other student records) to third parties absent the student's consent. Third parties include parents, spouses, and third-party designees.

Student Information	
NAME (Last, First)	STUDENT ID NUMBER
ADDRESS (Street, City, State, Zip)	PHONE NUMBER

Third-party Designee	
NAME (Last, First) or AGENCY and RELATION TO STUDENT	PHONE NUMBER
ADDRESS (Street, City, State, Zip)	EMAIL ADDRESS

Information Types Allowed (Check one or more of the boxes below to grant authorization):

- Grades/GPA, registration, academic performance/standing, class schedule, transcripts, enrollment information
- Financial aid awards, application data, disbursements, eligibility, financial aid satisfactory academic progress
- Student billing account records, including billing statements, charges, credits, payments, past due amounts
- Other (specify): _____

Certification

By signing below, I consent to the release of the personally identifiable student information specified above to the individual listed above.

This consent shall remain in effect through (choose one):

- Entire duration of enrollment with Sisseton Wahpeton College
- Academic Year (specify): _____

STUDENT SIGNATURE	DATE
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Submit to the SWC Business Office, Financial Aid Office, Registrar's Office, or Student Support Services Offices. To revoke a previous Student Information Release, submit a written request to the applicable office(s).

Office Use Only:

SWC Employee Name:	SWC Office/Department:
Date Received:	