AUTHORIZATION TO
RELEASE INFORMATION

Student Consent for Educational Records to be Released

Student’s Name: ___________________________  Student ID#: ______________________
(Not Social Security #)

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Western Dakota Technical Institute to disclose the information specified below to:

____________________________________
____________________________________

This consent shall be valid throughout the student’s enrollment at Western Dakota Tech, but may be modified or rescinded in writing by the student.

INFORMATION TO BE RELEASED:

The following information from my records at Western Dakota Tech may be released to the above-specified persons:

☐ Academic information of any kind
☐ All records and information
☐ Classroom attendance/performance
☐ Discipline records
☐ Financial Aid
☐ Grades and academic standing
☐ Tuition and fee status
☐ Other, please specify: __________________________

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student’s Signature: _____________________________________  Date: ________________