



Authorization of Release
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
(FERPA)



Last Name **(PLEASE PRINT)**

First Name, MI

Student ID

As a Federal law, the Federal Educational Rights and Privacy Act of 1974 (formerly known as the Buckley Amendment) protect the privacy of student education records. To release information not identified as directory information, written permission from the eligible student is required in order to release any information from a student's education record.

SECTION A. Education records to be released (check all that apply):

- Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Loan Information** (University-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
- Billing Information** on my student account (i.e. cost of tuition, fees, room & board, and any payments made and amounts still due)
- Veteran Information** (DD-214 information, type and amount of benefits)
- Other** (please specify):

SECTION B. Person(s) to whom access to education records may be provided:

Name of individual/organization	Relationship to student
Name of individual/organization	Relationship to student
	<i>Program Participant</i>
Student Support Services (TRiO)	Relationship to student

SECTION C. Duration of release (check one):

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on:

SECTION D. Purpose of release (check one):

- Family Communications**
- Employment**
- Admission to an Educational Institution**
- Other** (please specify):

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 submit a new form.

Student's Signature

Date

Return This Form:

By Mail:
 Sheridan College
 Financial Aid
 PO BOX 1500
 Sheridan, WY 82801

By FAX:
 (307) 674-3371
Attention: Financial Aid

By Email:
 scfinaid@sheridan.edu

In Person:
 Sheridan College
 Financial Aid Office
 3059 Coffeen Ave.
 Sheridan, WY 82801

In Person:
 Gillette College
 Financial Aid Office
 300 W. Sinclair
 Gillette, WY 82718