PERMISSION TO RELEASE EDUCATION RECORD INFORMATION

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 888.562.3216 fax
P.O. Box 3010 - Nampa, ID 83653 - www.cwidaho.cc

Use this form to authorize the College of Western Idaho to release your specified student information to individuals you designate.
To protect the privacy and confidentiality of student records this form will only be accepted in person by the student and the student must present valid picture ID when turning this form in at any CWI One Stop Student Services location.
This form must be COMPLETE and signed by the student, otherwise it will be recorded as invalid and voided.

LAST NAME _____ FIRST NAME _____ M.I. _____ STUDENT ID -OR- SOCIAL SECURITY NUMBER _____

PHONE NUMBER (INCLUDING AREA CODE) _____ DATE OF BIRTH _____

RELEASE EDUCATION RECORD INFORMATION TO: (RECIPIENT)

Recipient 1

LAST NAME _____ FIRST NAME _____ M.I. _____

RELATION/ORGANIZATION/SCHOOL _____

ADDRESS _____

CITY, STATE, ZIP _____

BEGINNING DATE _____ to ENDING DATE _____

(This section must be filled out and must not exceed One Year)

Recipient 2

LAST NAME _____ FIRST NAME _____ M.I. _____

RELATION/ORGANIZATION/SCHOOL _____

ADDRESS _____

CITY, STATE, ZIP _____

BEGINNING DATE _____ to ENDING DATE _____

(This section must be filled out and must not exceed One Year)

EDUCATION RECORD TO BE RELEASED

Please indicate which record(s) you authorize to be released are:
This form will be voided if this section is not filled out.

- ☐ Financial Records (Financial Aid, Business Statements, etc.)
- ☐ Academic Records (Grades, Transcripts, etc)
- ☐ Schedule
- ☐ Enrollment Information
- ☐ Other (Please Specify) _____

PURPOSE OF RELEASE

Please indicate the purpose of the release of records:
This form will be voided if this section is not filled out.

- ☐ Family Communication
- ☐ Admission to an Educational Institution
- ☐ Current Employer / Potential Employer
- ☐ Ability to reach student in case of Emergency
- ☐ Other (Please Specify) _____

SIGNATURE

I give permission to the College of Western Idaho to release the specified information to the recipient(s) listed above. I understand that this information is considered part of a student education and/or financial record. Further, 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 complete and file a new form.

_____ Initials of One Stop Staff

STUDENT SIGNATURE _____ DATE _____

CWI delivers college credit instruction, certificates and degrees through its memorandum of understanding with College of Southern Idaho (CSI). CSI is accredited through The Northwest Commission on Colleges and Universities (NWCUU).