

Eastern Shoshone Education
PO Box 628
Ft. Washakie, WY 82514

(307) 335-8000
(307) 335-8004 Fax



RELEASE OF INFORMATION

Name: _____ Social Security# _____

DOB: _____ Student Phone # _____

I authorize the Eastern Shoshone Education Program to release necessary records regarding my financial funding or educational progress to:

_____ College

Signature of Student _____ Date _____

I, _____ authorize _____ to release necessary records
Name College
regarding my financial funding and educational progress, including transcripts to the Eastern Shoshone Education Program. I understand my rights under FERPA and am giving my consent to release information to the Eastern Shoshone Education Program.

Signature of Student: _____ Date _____

If under 18, a parent/guardian must sign below

I, _____ the parent/guardian of the above mentioned students have read this document and authorize the release of necessary records regarding financial and educational progress to the Eastern Shoshone Education Program.

Signature: _____ Date: _____

I authorize the Eastern Shoshone Education Program to release necessary records regarding my financial funding or educational progress to:

_____ Parent/Guardian

Signature of Student _____ Date _____