

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 \_\_\_\_\_