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:	
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