

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA FORM)

SECTION 1. STUDENT INFORMATION:

Last Name First Name Contact # Student I.D.

I give permission to the Chemehuevi Tribe Education Center to release the information selected in Section 2. to the parties listed in Section 3. for the purpose of _____ (i.e., higher education, monitoring students' education, providing parents access to student file, scholarship funding application, etc.).

SECTION 2. EDUCATION INFORMATION AUTHORIZED TO BE RELEASED:

☐ I DO NOT WANT INFORMATION RELEASED AND/OR I WANT TO CANCEL ANY PREVIOUS AUTHORIZATION

PLEASE INDICATE BY CHECK MARKING ALL OR WHICH RECORDS TO BE RELEASED

	ALL RECORDS	ALL RECORDS LISTED BELOW
☐	REGISTRATION AND ADMISSIONS	CLASS SCHEDULE(S), PAST/CURRENT/FUTURE ENROLLMENT AND REGISTRATION ACTIVITY, ENROLLMENT STATUS, GRADES, CLASS ATTENDANCE, RESIDENCY STATUS, AND MAILING ADDRESS INFORMATION INCLUDING PHONE AND EMAIL INFORMATION.
☐	STUDENT INFORMATION AND CONDUCT	EMERGENCY INCIDENT(S), ATTENDANCE RECORDS, GRADES, ACADEMIC REPORTS, DISCIPLINARY RECORDS, ASSESSMENT DATA REPORTS, ALL STUDENT CONDUCT AND ACADEMIC/BEHAVIOR PROGRESS
☐	EXTRACURRICULAR ACTIVITIES	ALL INFORMATION AND DOCUMENTS PERTAINING TO STUDENTS EXTRACURRICULAR ACTIVITIES
☐	HIGHER EDUCATION	INCLUDES ALL DOCUMENTS AND INFORMATION THAT PERTAINS TO HIGHER EDUCATION, COLLEGE APPLICATIONS, ESSAYS, SCHOLARSHIPS, CHEMEHUEVI SCHOLARSHIP APPLICATION, GRANTS AND FINANCIAL AID

CHEMEHUEVI EDUCATION CENTER

760-858-1063

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EDUCATIONAL INSTITUTION

CONTACT NAME & #

EMAIL

By signing below you authorize the confidential information indicated in Section 2. from the parties listed in Section 1. to be released to the parties named in Section 3. This FERPA Authorization of Release of Information form is valid until canceled. You may change this request at anytime by submitting a new FERPA Authorization of Release of Information form to the Chemehuevi Tribe Education Center.

Student Signature

Date

Parent Signature (if student is a minor)

Date

