**(FERPA) authorization of RELEASE of information FORM**

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| **section 1. STUDENT INFORMATION:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| LAST NAME | FIRST NAME |  | CONTACT # |  | STUDENT ID# |  | EMAIL |

*I give permission to the Chemehuevi Education Center to release the information selected in Section2. to the parties listed in Section 3. for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., higher education, monitoring students’ education, providing parents access to student file, scholarship funding application, etc.).* ***Parent/Guardian Signature*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **section 2. educAtion information authorized to BE releaseD:** |

|  |  |
| --- | --- |
|  | *I do NOT want information released and/or I want to cancel any previous authorization.* |

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| --- | --- |
| EDUCATIONAL INFORMATION | description OF INFORMATION |
|  | **all records** | **all records listed below** |
|  | registrationand 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 | eMERGENCY INCIDENT(S), ATTENDANCE RECORDS, GRADES, Academic REPORTS, ASSESSMENT DATA REPORTS pertaining to students grades and progress |
|  | extracurricular activities | all information and documents pertaining to students extracurricular activities as they pertian to grades and progress only |
|  | higher education | Includes all documents and information that pertains to higher education, college applications, essays, scholarships, Chemehuevi Scholarship Application, grants and financial aid  |
|  | other |  |
|  | OTHER |  |

|  |
| --- |
| **section 3. Individuals to release information to:** |
|  |  |  |  |  |  |  |  |
| LAST NAME | FIRST NAME |  | CONTACT # |  | RELATIONSHIP |  | EMAIL |
|  |  |  |  |  |  |  |  |
| eDUCATIONAL | INSTITUTION |  | CONTACT # |  | CONTACT NAME |  | EMAIL |
| cit ed cENTER |  |  | 760-858-1063 |  | aNNe fRAZIER |  | dir.edu@cit-nsn.gov |
| EDUCATIONAL  | INSTITUTION |  | CONTACT # |  | CONTACT NAME |  | EMAIL |