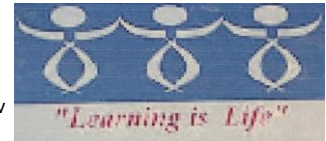




Chemehuevi Tribe Education Center

P.O. BOX 1976 · HAVASU LAKE, CA 92363 · OFFICE: (760) 858-1063 · EMAIL: dir.edu@cit-nsn.gov



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA FORM)

SECTION 1. STUDENT INFORMATION:

LAST NAME	FIRST NAME	CONTACT #	STUDENT ID#	EMAIL
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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.

EDUCATIONAL INFORMATION	DESCRIPTION OF INFORMATION
<input type="checkbox"/> ALL RECORDS	ALL RECORDS LISTED BELOW
<input type="checkbox"/> 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.
<input type="checkbox"/> STUDENT INFORMATION AND CONDUCT	EMERGENCY INCIDENT(S), ATTENDANCE RECORDS, GRADES, ACADEMIC REPORTS, DISCIPLINARY RECORDS, ASSESSMENT DATA REPORTS, ALL STUDENT CONDUCT AND ACADEMIC/BEHAVIOR PROGRESS
<input type="checkbox"/> EXTRACURRICULAR ACTIVITIES	ALL INFORMATION AND DOCUMENTS PERTAINING TO STUDENTS EXTRACURRICULAR ACTIVITIES
<input type="checkbox"/> HIGHER EDUCATION	INCLUDES ALL DOCUMENTS AND INFORMATION THAT PERTAINS TO HIGHER EDUCATION, COLLEGE APPLICATIONS, ESSAYS, SCHOLARSHIPS, CHEMEHUEVI SCHOLARSHIP APPLICATION, GRANTS AND FINANCIAL AID
<input type="checkbox"/> OTHER	

SECTION 3. INDIVIDUALS TO RELEASE INFORMATION TO:

LAST NAME	FIRST NAME	CONTACT #	RELATIONSHIP	EMAIL
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EDUCATIONAL INSTITUTION	CONTACT #	CONTACT NAME	EMAIL
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EDUCATIONAL INSTITUTION	CONTACT #	CONTACT NAME	EMAIL
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By signing below you authorize the confidential information indicated in Section 2. from the parties listed in Section 1. of the student named 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

Mail or EMAIL to:
 Chemehuevi Tribe Education Center
 c/o Director of Education
 P O Box 1976
 Havasu Lake, CA 92363
 dir.edu@cit-nsn.gov
 DO NOT FAX

 CTEC Staff:
 Date Received _____
 Staff Signature _____

Original signatures required. PLEASE Include all documents/forms and initial to acknowledge agreement.
Please keep a copy for your file.