



PERMISSION TO RELEASE EDUCATION RECORD INFORMATION

Registrar's Office - registrar@cwidi.edu - 208.562.3000 phone - 888.562.3216 fax
PO Box 3010 - MS 1000 - Nampa, ID 83653 - www.cwidi.edu

Use this form to authorize the College of Western Idaho to release your specified student information to individuals you designate. This form allows the designated recipient to access records but not act on your behalf (i.e. add/drop courses). This form must be submitted in person by the student, through the student's CWI e-mail, by fax or mail (legible, valid photo ID must be included).

This form must be COMPLETE and signed by the student, otherwise it will be recorded as invalid and voided.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
STUDENT ID -OR- SSN _____ PHONE NUMBER (INCLUDING AREA CODE) _____ DATE OF BIRTH _____

RELEASE EDUCATION RECORD INFORMATION TO: (RECIPIENT)

Recipient 1

LAST NAME, FIRST NAME, M.I. _____
RELATION/ORGANIZATION/SCHOOL _____
ADDRESS: _____
CITY, STATE, ZIP _____
BEGINNING DATE: _____ to ENDING DATE: _____
(This section must be filled out and must not exceed one year.)

Recipient 2

LAST NAME, FIRST NAME, M.I. _____
RELATION/ORGANIZATION/SCHOOL _____
ADDRESS: _____
CITY, STATE, ZIP _____
BEGINNING DATE: _____ to ENDING DATE: _____
(This section must be filled out and must not exceed one year.)

EDUCATION RECORD TO BE RELEASED

Please indicate which record(s) you authorize to be released:

This form will be void if this section is not filled out.

- ☐ Financial Records (Financial Aid, Business Statements, etc.)
☐ Academic Records (Grades, Transcripts, etc.)
☐ Schedule
☐ Enrollment Information
☐ Other (Please Specify) _____

PURPOSE OF RELEASE

Please indicate the purpose of the release of records:

This form will be void if this section is not filled out.

- ☐ Family Communication
☐ Admission to an Educational Institution
☐ Current Employer/Potential Employer
☐ Ability to reach student in case of emergency
☐ Other (Please Specify) _____

SIGNATURE

I give permission to the College of Western Idaho to release the specified information to the recipient(s) listed above. I understand that this information is considered part of a student education and/or financial record. Further, I understand that by signing this release I am waiving my right to keep this information confidential under the **Family Education Rights and Privacy Act (FERPA)**. I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form.

STUDENT SIGNATURE _____ DATE _____