



**FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA) FERPA CONSENT TO
RELEASE STUDENT INFORMATION TO THE OFFICE OF THE REGISTRAR/ICOM:**

Please provide information from the educational records of:

Student Name: _____ ID number: _____

To: _____

Relationship: _____

Name of person(s) to whom the educational records will be released, and the relationship to the students such as “parents”, “prospective employer”, etc.

The only type of information that is to be released under this consent is:

- _____ Transcript/Grades
- _____ Financial
- _____ Disciplinary letters
- _____ All records
- _____ Other (specify) _____

The information is to be released for the following purpose:

- _____ Family communications about college experience/progress
- _____ Employment
- _____ Admission to an educational institution (must complete Transcript request)
- _____ Other (specify) _____

ICOM allows for Directory Information to be released without students’ permission which includes name, academic major, academic classification and email address. See Academic Handbook, page 8.

Student Name: _____ Date: _____

By typing my name above, I understand this represents and official signature for the FERPA instructions

I WISH TO OPT-OUT OF RELEASING DIRECTORY INFORMATION

In order for the submit button to work you must use Adobe Reader to fill out and submit this document, or save and attach to an email to : ddrinkall@idahocom.org

For Office Use Only: Date received: _____ Date change noted in system: _____ Signature of Registrar: _____
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