



Idaho College of Osteopathic Medicine

**FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)
CONSENT TO RELEASE STUDENT INFORMATION FORM**

Please provide information from the educational records of:

Student Name: _____ **ID Number:** _____

Provide Records to: _____

Relationship to Student: _____

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(s) only:

Family communications about college experience/progress

Employment

Admission to an educational institution (must complete Transcript Request Form)

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.

I WISH TO OPT-OUT OF RELEASING DIRECTORY INFORMATION

Student Signature: _____ **Date:** _____

By typing my name above, I understand that it represents an official signature for this FERPA release

To submit, please save this document and attach it in an email to: aahmadian@icom.edu

For Office Use Only:

Date received: _____ Date change noted in system: _____

Signature of Registrar: _____