



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: _____

Phone Number: _____ **Email Address:** _____

Name of person(s) to whom the educational records will be released, the relationship to the student, such as "parent", "prospective employer", etc., and the individuals' contact information which will be used to obtain information from the school (phone number, email address).

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/academic progress

Employment/ Residency Placement

Financial planning and tax purposes

Other (specify): _____

See the ICOM Catalog, page 52, for more information on our directory information classification.

I WISH TO OPT-OUT OF RELEASING DIRECTORY INFORMATION

Student Signature: _____ **Date:** _____

If I type 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: _____