



LEECH LAKE TRIBAL COLLEGE
 6945 Littlewolf Road NW
 Cass Lake, MN 56633
 Phone (218) 335-4200
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Consent to Release Educational Records to Third Party - FERPA

Leech Lake Tribal College ensures the accuracy and privacy of student records. The College adheres to the guidelines of the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, which provides privacy protection for all students. Under FERPA, students have the right to require the institution to get written consent before the disclosure of personal identifiable information.

This form is valid for 3 years from date of signature. By completing and signing this form, you are authorizing Leech Lake Tribal College to give personal identifiable information on educational records to those listed under Section 2.

SECTION 1: STUDENT INFORMATION

| | | | |
|------------------|-------------|-------------------------|-------------|
| Last Name: | First Name: | SSN: | Student ID: |
| Mailing Address: | | | |
| Contact Phone: | Email: | Semester of Attendance: | |

SECTION 2: AUTHORIZED PERSONS

| Name | Relationship | Valid All Semesters | Specify Semester: |
|------|--------------|---------------------|----------------------------|
| | | Yes / No | Fall /Spring /Summer Year: |
| | | Yes/No | Fall /Spring /Summer Year: |
| | | Yes/No | Fall /Spring /Summer Year: |

I, _____, hereby authorize Leech Lake Tribal College to release educational records to the above named individuals. I understand that educational records are documents that contain information directly related to a student, this may include information regarding:

- Admissions
- Advising
- Financial Aid
- Placement
- Disciplinary
- Finances

Student Signature: _____ Date: _____

| |
|--|
| <i>For Office Use Only</i> Date Entered in CAMS: _____ Signature: _____ |
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