

LEECH LAKE TRIBAL COLLEGE 6945 Littlewolf Road NW Cass Lake, MN 56633 Phone (218) 335-4200 Fax (218) 335-4217

Student ID:

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.

SSN:

SECTION 1: STUDENT INFORMATION Last Name: First Name:

Mailing Address:				
Contact Phone:	Email:		Semester of Attendance:	
SECTION 2: AUTHORIZED PERSONS				
Name	Relationship	Valid All Semesters		
		Yes / No	Fall /Spring /Summer Year:	
		Yes/No	Fall /Spring /Summer Year:	
		Yes/No	Fall /Spring /Summer Year:	
I,educational records to the abo documents that contain information • Admissions • Advising • Financial Aid • Placement • Disciplinary • Finances	ve named individuals .	I understan	ake Tribal College to release d that educational records are include information regarding:	

Student Signature: