



LEECH LAKE TRIBAL COLLEGE

Registrar's Office

Cass Lake, Minnesota 56633
218-335-4222 phone
218-335-4217 fax
Stacey.lundberg@lltc.edu email

Consent to Release Education Records to a Third Party

I, _____, understand that The Family Educational Rights and Privacy Act of 1974, also known as FERPA, grants students attending post-secondary institutions certain rights and privacies regarding their Education Records. I understand that "Education Records" are defined in FERPA, and generally include any and all records that contain any information related to me that are maintained by Leech Lake Tribal College.

I hereby authorize Leech Lake Tribal College to utilize and disclose information contained in my Education Record, including faculty verbal or written reports, as well as conclusions and observations regarding my performance while attending Leech Lake Tribal College, to the following person(s):

(Provide the name and address of each person or entity.)

Furthermore, I hereby release Leech Lake Tribal College, its Trustees, Officers, Employees, Agents or Assigns, from any and all liability for release of the above-named records/information. I understand this consent is effective only to this/these specific request(s).

DATED this _____ day of _____, 20_____.

Signature

LLTC ID number / Social Security Number

Please print name signed above

Current Address

City

State

Zip

(_____) _____ (This is my: home / cell / work)
Telephone number

Email address