



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

**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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