



**AUTHORIZATION FOR RELEASE OF INFORMATION**  
FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)

**Student Information**

First Name	Last Name	Student ID #
Phone #	E-Mail Address	

I authorize the College of Menominee Nation to discuss and/or release the selected educational information to the recipient(s) listed below by phone, letter, or in person. I further understand that copies of educational information are prohibited and appropriate request procedures will be followed when applicable. Current fees will also apply.

**Types of Education Information to Release**

	Department	Description
<input type="checkbox"/>	All Records	ALL records listed below without limitation
<input type="checkbox"/>	Admissions	Includes dates of application, program selected, documents received, documents pending, dates of admission, admission status and conditions of admission
<input type="checkbox"/>	Bursar (student billing)	Include financial and billing
<input type="checkbox"/>	Financial Aid	Include financial aid award, financial aid status, verification documents
<input type="checkbox"/>	Registrar	Includes current enrollment, dates of enrollment activity, enrollment status, semesters attended and mailing address information, grades, transcripts, records of disciplinary proceedings, scheduling and registration documents
<input type="checkbox"/>	Revoke Previous Release	Revoke any previous request List Name of person or agency: _____

**Individual(s) or Agency to Release Information To**

Full Name	Contact #	Relationship if applicable
Mailing Address		
Full Name	Contact #	Relationship if applicable
Mailing Address		

**This authorization is valid until cancelled. The student may cancel this request at any time by submitting another FERPA form to CMN Registrar Office.**

Student's Signature	Date
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