



FERPA Consent to Release Financial & Academic Student Records

If you have any questions about this form, please contact Registrar's Office | Dakota College at Bottineau | 105 Simrall Blvd | Bottineau, ND 58318 | Phone: 701/228-5487 | Fax: 701/228-5499

According to the Family Education Rights and Privacy Act of 1974 (FERPA), a student's academic and financial information can only be released to the student. By completing the questions below, a student may add or remove authorization for designated individuals or parties to have access to their educational records as indicated below.

An asterisk [*] denotes required fields. Use the [TAB] key to advance through the form fields.

STUDENT INFORMATION

*Student Name:

*Student ID: *Email:

AUTHORIZATION INFORMATION

*Please select one of the following actions to be taken:

*I hereby authorize Dakota College at Bottineau to apply the requested action above to the following educational records:

Please provide the name(s) of the individual(s) you wish to add or remove authorization to view your records:

Name	Relationship to Student
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*Please state the purpose for releasing student records to these authorized individuals:

*Please provide a security question to which only you and the individual(s) listed above know the answer:

Security Question

Answer

SUBMISSION ACKNOWLEDGEMENT

By submitting this form, I authorize Dakota College at Bottineau to release the indicated educational records upon request to those listed.

I acknowledge that I understand although I am not required to release my records to these individuals, I understand that: 1) I have the right not to consent to the release of my education records; 2) I have a right to inspect a copy of such records upon request; 3) and that this consent shall remain in effect until revoked by me, but that any such revocation shall not affect disclosures previously made by the selected institution prior to the receipt of any such form submission requesting revocation. I also understand that if I am a dependent for tax purposes, the institution can disclose such information to parents and legal guardians regardless of my consent.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATION WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

Signature _____

Date _____