

FERPA Release Form

I, _____ the undersigned, hereby authorize
Lake Region State College to release the following educational records upon request.

Please Check:

Academic Records, such as attendance, test scores, certificates, etc.

Headmaster State CNA Test Results

Names of the individuals or entities I wish to release information to:
(Please Print)

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

I acknowledge by my signature that I understand although I am not required to release my records to these individuals, I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the revocation is delivered to the institution. I also understand that if I am under 18 years of age, or a dependent for tax purposes, the institution may disclose such information to parents and legal guardians regardless of my consent.

Signature of Student

Date

Signature of Parent or Guardian *(only if student is under 18 years of age)*

Date