

## Student Consent for Release of Records

Under Federal Legislation, the “Family Educational Rights and Privacy Act of 1974”, (F.E.R.P.A.), I understand my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Therefore, I request that the information listed below be released to:

**Monterey Foundation, 6111 82<sup>nd</sup> Street, Lubbock, Texas 79424.**

### **Educational Institution**

Please print the name and contact address for the school you are attending

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

### **Student Information**

Please print the student’s full name as it appears in the school records

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STUDENT ID \_\_\_\_\_

### **Information to be released:**

- |   |   |
|---|---|
| <input type="checkbox"/> Class Schedule Information | <input type="checkbox"/> Housing Information  |
| <input type="checkbox"/> Financial Information      | <input type="checkbox"/> Personal Information |
| <input type="checkbox"/> Grades                     | <input type="checkbox"/> Other: _____         |

Please indicate an expiration date or write “no expiration date”: \_\_\_\_\_

If the expiration date field is left blank, permission to release information will be assumed to expire one calendar year from the date on the signed release.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* By signing this form, I understand that the specific information referenced on this form is being released to a third party at my request, with the understanding that they will not release it to any other parties. The named educational institution is hereby released from all legal responsibility or liability for the release of the above-mentioned information.