

**CANKDESKA CIKANA COMMUNITY COLLEGE
FERPA RELEASE FORM
(Family Educational Rights & Privacy Act)**

I, _____ the undersigned, authorize Cankdeska Cikana
(Please print full name)

Community College to release the following educational records upon request:

Check all that apply:

_____ All financial records (these records include, but are not limited to Financial Aid, Business Office, Day Care and Bookstore Charges)

_____ Academic record/transcripts (if a transcript is to be sent to an address other than the address listed below, a written request must be signed by the student or other party to whom student has permitted release of such records).

_____ Other (please specify): _____

Persons to whom information may be released:
(PLEASE PRINT)

1. _____
Name (Last, First, Middle) or Organization (if applicable)

Address

City, State, ZIP

2. _____
Name (Last, First, Middle) or Organization (if applicable)

Address

City, State, ZIP

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. I understand that this release remains in effect unless I revoke such consent in writing and the revocation is delivered to the institution.

Signature of Student Date

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

Return to:

Cankdeska Cikana Community College
Admission Office
PO Box 269
Ft. Totten, ND 58335

For office use only:
Fin____ Academic____ All____
Initials____ Date____