

**FERPA Student Authorization Release Form – United Tribes Technical College**

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my records at United Tribes Technical College will not be released to a third party without my approval. I hereby give permission to authorized personnel at United Tribes Technical College to release these records upon request:

**Academic Records (includes grade reports)  
Student Development/Conduct**

**Financial Assistance  
Student Accounts**

Name of individual(s) to whom information may be released: (Please Print)

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

The purpose of this disclosure is: \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

The purpose of this disclosure is: \_\_\_\_\_

**Please honor requests for my records by those individuals/parties identified above**

I acknowledge by my signature that I understand, although I am not required to release my Records to these individual(s), I am giving my consent to release the information. I understand that this release remains in effect until my academic degree is met or I revoke this permission in writing prior to that date. I also understand that if I am under 18 years old, UTTC can disclose such information.

**Please revoke the FERPA Student Authorization Release Form on file at UTTC (will revoke all access to third parties).**

**Please**  **add** or  **remove the above to/from the FERPA Release Form on file at UTTC.**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to the: **Office of the Registrar - United Tribes Technical College, 3315 University Drive, Bismarck, ND 58504**