



FERPA RELEASE FORM

By signing the statement, Consent to Release Educational and Financial Records, you permit ENMU-Ruidoso to release the financial and educational records during your enrollment at this institution to your parents and/or those who you designate on the form.

The College is permitted to share these records with anyone who claims you as a dependent on their taxes. We also want to extend this option to other students who may find it convenient for a parent or designated party to take care of and have knowledge of their financial and/or educational records.

The Family Educational Rights and Privacy Act (FERPA) does not restrict the sharing of Directory Information. Directory Information includes: name, home and local address, email address, telephone number, date and place of birth, major field of study, class level, participation in officially recognized sports/activities, physical factors of athletes, dates of enrollment, degrees and awards received, and the most recent educational institution attended by the student. This information may be released upon request unless the student has followed the procedure noted below to withhold disclosure of such information.

The Procedure: The request that directory information remain confidential, you must notify the Registrar's Office in writing within the first two weeks of the semester.

I have read and understand this information.

Printed Name of Student

Signature of Student

Date

Student ID#

Consent to Release Financial and Educational Records

Pursuant to the Family Educational Rights and Privacy Act of 1974,

I, _____

hereby consent to the release by ENMU-Ruidoso of information concerning my educational records and my financial obligations with ENMU-Ruidoso.

Parties to whom such records may be released: *Be specific. List the name(s) of each person. Place a check mark indicating which records can be released.*

Name	Relationship	<i>Records to be Released</i>	
		Financial	Educational
		[]	[]
		[]	[]
		[]	[]

I understand that such records may not be released except on the condition that the party to whom the information is being released will not permit any other party to have access to such information with my written consent. I also understand that, at my request, I shall be provided a copy of the educational/financial records released pursuant to this consent.

This authorization will stand current until such time that I rescind it in writing. I understand that I am giving permission to release information only during the semesters I am enrolled at ENMU-Ruidoso.

I have examined this document, understand it, and give my consent.

Printed Name of Student

Signature of Student

Date

Student ID#