



Turtle Mountain Community College FERPA Release Form

I, _____, (Student ID: _____) the undersigned, hereby authorize Turtle Mountain Community College to release the following educational records upon request:

Please Check:

☐

Academic Records

☐

Financial Aid

☐

Business Office

☐

Student Accounts

☐

Student Development/Conduct

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

1. _____
Last First MI Relationship
2. _____
Last First MI Relationship
3. _____
Last First MI 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 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/Guardian
(only if student is under 18 years of age)

Date:

Mail completed form to:

Turtle Mountain Community College
ATTN: Joni LaFontaine, Admission Officer
10145 BIA Road 7, PO Box 340
Belcourt, North Dakota 58316