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. ________________ ____________________ ____________________ Relationship

2. ________________ ____________________ ____________________ Relationship

3. ________________ ____________________ ____________________ ____________________ 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 Date:
(only if student is under 18 years of age)

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