

FERPA Consent to Release Form

I, _____, consent _____ do not consent _____ to the release of my education record to my parent(s) or guardian(s) listed below for the purpose of keeping them informed about my education at Crowley's Ridge College. I understand that education records include, but are not limited to, information about my academic standing, disciplinary issues, and financial obligations to the College.

I acknowledge that I may submit a subsequent notification in writing directing the College to no longer release information to any or all of the individuals listed below.

Crowley's Ridge College is authorized to release information to the following individuals (please print clearly): *If you checked "do not consent", then do not list any individuals below*

_____ Name	_____ Relationship to Student
---------------	----------------------------------

_____ Name	_____ Relationship to Student
---------------	----------------------------------

_____ Name	_____ Relationship to Student
---------------	----------------------------------

_____ Name	_____ Relationship to Student
---------------	----------------------------------

_____ Student's name	_____ Student's signature	_____ Date
-------------------------	------------------------------	---------------

_____ Student's date of birth	_____ Student's daytime phone number
----------------------------------	---

_____ School Official Witness name & title	_____ School Official Witness signature	_____ Date
---	--	---------------

PLEASE RETURN THIS FORM TO:

Crowley's Ridge College
Registrar Office
100 College Drive
Paragould, AR 72450
- OR - Fax: 870-236-7748