

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