

## REQUEST TO RELEASE INFORMATION

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, Helena College will only disclose confidential information from the education records of students *to parents, spouses, or other third parties* **provided this written release form is in the student file.**

### 1<sup>ST</sup> Step: STUDENT INFORMATION

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Student ID Number

### 2<sup>nd</sup> Step: AUTHENTICATION -- (Pick Your Question)

Please **CHOOSE ONE** question that will serve as the authentication question and provide the answer in the appropriate blank. When you or your third party designee calls for information, the answer to the appropriate question must be given. This form also serves as authentication when a student wishes to receive information regarding his or her account over the phone.

\_\_\_\_\_  
Elementary School

\_\_\_\_\_  
Favorite Teacher

\_\_\_\_\_  
Favorite Pet's Name

\_\_\_\_\_  
First Automobile

### 3<sup>rd</sup> Step: AUTHORIZE THIRD PARTY DESIGNEE

Complete this section **ONLY** if you would like information released to a third party. You will need to complete a form for each third party contact. If no third party is designated at this time, continue to the 4<sup>th</sup> Step: AUTHORIZATION.

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Email Address

**Please select the types of information you wish to be released:**

- Grades/GPA, demographic, registration, academic standing, transcripts, holds, placement scores, and/or graduation
- Billing Statements, charges, credits, payments, past due amounts, and/or collection activity
- Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress
- Information pertaining to accommodations required as a result of my documented disability with Disability Services
- Information pertaining to documentation and participation related to TRIO Student Support Services
- Information pertaining to documentation and participation related to VA Benefits
- Specific Issue:

**IMPORTANT: If this Release is not signed in the presence of a Helena College employee, this form MUST be witnessed by a Notary Public.**

**HC Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 4<sup>th</sup> Step: AUTHORIZATION

By signing below, I give Helena College permission to disclose and discuss confidential information from my education record with me or the individuals listed above. *This release form will remain valid through my enrollment at Helena College unless specifically revoked in writing.*

State of \_\_\_\_\_ County of \_\_\_\_\_

I certify this to be the original document

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Name Here, Notary Public

\_\_\_\_\_  
My Commission Expires:

*Revised: 5/2/18*

**Date Posted:** \_\_\_\_\_

**Initials:** \_\_\_\_\_