

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.*

<u>1ST Step: STUDENT INFORMATION</u>	
Name (Last, First, Middle Initial)	Student ID Number

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

<u>3rd Step: AUTHORIZE THIRD PARTY DESIGNEE</u>	
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 th 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: _____

<u>4th Step: AUTHORIZATION</u> 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. <i>This release form will remain valid through my enrollment at Helena College unless specifically revoked in writing.</i>	State of _____ County of _____ I certify this to be the original document On this _____ day of _____, 20 ____
Student Signature	Notary Name Here, Notary Public
Date: _____	My Commission Expires: _____

Revised: 3/6/2024

Date Posted:	Initials:
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