

Begin Date _____ End Date _____
If dates are blank, valid until further notice

Crowder College

601 Laclede / Neosho, MO 64850
Cassville • Neosho • Nevada • Webb City

This form must be accompanied by a photo ID

Student Consent for Release of Records

Under federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

Name of Student	Student Id	Social Security Number	
Street Address	City	State	Zip Code
Phone	Email		

I request that the information listed below be released to the following:

Release to: _____

Information to be released: (check all that are desired)

- | | | |
|--|--|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> A+ Information |
| <input type="checkbox"/> Student Billing | <input type="checkbox"/> Schedule | |

Additional Information (please be very specific) _____

Student Signature

Date