

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



CROWDER  
COLLEGE

601 Laclede / Neosho, MO 64850  
Cassville • Neosho • Nevada • McDonald County • 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)

- Grades
- Financial Aid
- A+ Information
- Student Billing
- Schedule
- Any & all information

Additional Information (please be very specific) \_\_\_\_\_

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

\_\_\_\_\_  
Date