STUDENT RELEASE OF PERSONALLY IDENTIFIABLE AND CONFIDENTIAL INFORMATION

In accordance with the Family Educational Rights and Privacy Act (FERPA), Carroll College will not release or give out information to the student unless the student is able to verify their identification. If a student requests information over the phone or email they must provide a password that will be used, along with the student ID to verify their identity.

Please pick ONE question and answer that will be used as your authentication password:

☐ What is your favorite pet's name?_____

☐ What is your mother's maiden name?_____

☐ What is your father's middle name?_____

Additionally, in accordance with FERPA, Carroll College can only release education records to the student. The student may, however, voluntarily waive their privacy with the written permission of the student. By completing the section below, the named person(s) will have the ability to obtain information regarding:

☐ **Financial Aid** – Type of aid, amount of aid, when aid will be disbursed, personal financial information, Federal Tax Information (FTI), Satisfactory Academic Progress Standing, Documentation needed.

☐ **Business Office**- Student account information including: balance and financial holds.

☐ **Registrar's Office, Academic Advising and Faculty** – Grades, Schedule, Academic Standing, Transcripts, Graduation Information, and general academic performance.

☐ **Student Life – Housing, conduct, accessibility/accommodations, and limited wellness information**

I hereby authorize Carroll College to release the above information regarding my student record to the following people:

_____ _____
(Name) (Relationship)

_____ _____
(Name) (Relationship)

Listed recipients will be required to provide the authentication password listed above to receive information.

Student Name:_____
(Last Name) (First Name)

Student ID Number:_____

Student's Signature: _____ Date:_____

***This release will remain in full effect until revoked in writing by the above named student*.**

Please return form to:

Carroll College
Registrar's Office
registrar@carroll.edu
1601 N. Benton Ave.
Helena, MT 59625
(406) 447-5435

For Office Use Only:
Date in STRK_____ Initials_____

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