

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

# Crowder College

601 LaCledde / 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)

- Grades                       Financial Aid                       A+ Information  
 Student Billing                       Schedule

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature

Date