Higher Education
6406 Marine Drive • Tulalip, WA 98271 • 360-716-4888 • 360-716-0611 (Fax) • highered@tulaliptribes-nsn.gov

FERPA Waiver Release Form
For Academic Year 2015-2016

I,_____ (Student Name)

DOB: _____ do herby give permission for the individual/organization listed below to have access to the following information. I am aware this restriction is *valid only* for the academic year in which it is signed. I understand this form is *valid only* for the academic year noted above and that a new form must be completed for each academic year I wish third party information released.

(Check all that apply)

☐ **Pick up checks** ☐ **Verbally release information**

To be released to:

Information to Family Member Listed below
Name of Contact:
Relationship to Student:
Phone Number:
Email Address:

Student Signature Print Name Date

Family Education Rights and Privacy Act

The purpose of The Family Education Rights and Privacy Act of 1974 is to assure that all students, including those attending an institution of post secondary education, have access to their educational records and to protect such individuals' right to privacy by limiting transferability of their records without their consent.

TULALIP TRIBES HIGHER EDUCATION FUNDING PROGRAM supports this Act and maintains access for students to review the validity of their educational records.