Registrar's Office
501 E. Saint Joseph's St.
Rapid City, South Dakota 57701
Phone: 605-394-2400; Fax: 605-394-1268

Consent to Release Student Information (FERPA Consent Form)

The Family Educational Rights and Privacy Act (FERPA) is a federal law that prevents Mines from releasing certain information from a student's record without his/her consent. Student records may include admission, registration, academic, financial aid and student account information. Students may give permission to release FERPA protected student information by completing and signing this form. Students may submit this form to the Registrar's Office in-person with a photo ID or via their Mines email account to registrar@sdsmt.edu.

Student Information

_____

Full Legal Name Student ID Number

I understand: (1) I have the right not to consent to the release of my student records and information, (2) the information may be released orally or in written form, (3) this release is valid for the remainder of academic year for which it was signed unless otherwise noted below, and (4) that I may revoke this consent at any time. This release overrides all FERPA directory information suppression I have previously set up in my student record for the third party designee. Students may submit this form to the Registrar's Office in person with a photo ID or via their Mines email account to registrar@sdsmt.edu.

Information to be released (Check all that apply)

☐ *Academic records:* (e.g., grades/GPA, registration, academic progress/status, enrollment information, demographics)

☐ *Academic Advising:* (e.g., records maintained by the student's academic department and advisors)

☐ *Admissions records*: (e.g., records maintained by the Admissions Office)

☐ *Student Account and Financial Aid records*: (e.g., billing statements, charges, credits, payments, past due amounts, collection activity, financial aid awards, disbursements, and/or financial aid satisfactory academic progress reports)

☐ Only the records indicated here: _____
_____
_____

Third Party Designee (students must assign a non-sequential 4 digit passcode (i.e. not 1234) for each third party. The third party will need to provide this passcode in order to receive the information over the phone.

_____
Name Relationship (Parents, Spouse, Employer, etc.)

_____
Street Address City State Zip Code

_____
Email Phone number Passcode

Student Signature:_____ Date:_____

Revoke Authorization: If at any time you wish to revoke this authorization, please visit the Registrar's Office.