



UNITED TRIBES
TECHNICAL COLLEGE

OFFICE OF THE REGISTRAR

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Bismarck, North Dakota 58504
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Fax: 701-530-0636

FERPA Student Authorization Release Form – United Tribes Technical College

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my records at United Tribes Technical College will not be released to a third party without my approval. I hereby give permission to authorized personnel at United Tribes Technical College to release these records upon request:

- Academic Records (includes grade reports) • Financial Assistance
- Student Development/Conduct • Student Accounts

Name of individual(s) to whom information may be released: (Please type full name(s))

Name(s):

Relationship:

Address: _____

City, State, Zip Code:

The purpose of this disclosure is:

Name(s):

Relationship:

Address: _____

City, State, Zip Code:

The purpose of this disclosure is:

Please honor requests for my records by those individuals/parties identified above

I acknowledge by my signature that I understand, although I am not required to release my Records to these individual(s), I am giving my consent to release the information. I understand that this release remains in effect until my academic degree is met or I revoke this permission in writing prior to that date. I also understand that if I am under 18 years old, UTTC can disclose such information.

Please revoke the FERPA Student Authorization Release Form on file at UTTC (will revoke all access to third parties).

Please add or remove the above to/from the FERPA Release Form on file at UTTC.

Student Name:

UTTC Student ID #:

OR Date of Birth

Student Signature:

(Please type your Full Name)

Date:

*Please click the **submit** button and print/save the completed form for your records.*

Leadership begins here.

Electronic Submission