



Idaho College of Osteopathic Medicine

**FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)  
CONSENT TO RELEASE STUDENT INFORMATION FORM**

Please provide information from the educational records of:

**Student Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Provide Records to:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

*Name of person(s) to whom the educational records will be released, and the relationship to the students such as "parents", "prospective employer", etc.*

**The only type of information that is to be released under this consent is:**

Transcript/Grades

Financial

Disciplinary letters

All records

Other (specify): \_\_\_\_\_

**The information is to be released for the following purpose(s) only:**

Family communications about college experience/progress

Employment

Admission to an educational institution (must complete Transcript Request Form)

Other (specify): \_\_\_\_\_

*ICOM allows for Directory Information to be released without students' permission which includes name, academic major, academic classification and email address. See Academic Handbook, page 8.*

*I WISH TO OPT-OUT OF RELEASING DIRECTORY INFORMATION*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By typing my name above, I understand that it represents an official signature for this FERPA release*

**To submit, please save this document and attach it in an email to: [aahmadian@idahocom.org](mailto:aahmadian@idahocom.org)**

**For Office Use Only:**

Date received: \_\_\_\_\_ Date change noted in system: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_