



Southeast Technical Institute
Release of Information Form

I, \_\_\_\_\_ hereby authorize STI to release the following records
(PLEASE PRINT FULL NAME)

\_\_\_\_\_ All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, financial aid repayments, and any other information contained in the application or financial aid file (cannot include parents income tax info)).

\_\_\_\_\_ All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, and any other accounts receivable information contained in the student account records).

\_\_\_\_\_ Instructor/Classroom Records (records include: attendance records, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

Please note: Counseling Center and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

The Registrar's Office will not give out information regarding grades to anyone without the written permission of the student and never over the phone.

The following individual(s)/agencies are authorized to access the information indicated above:
PLEASE PRINT FULL NAME

Table with 2 columns: Name, Relationship to Student. Three rows for authorization.

Although I understand I am not required to release this information, by signing this document I am giving my consent to STI to disclose these records. I also understand that this release remains in effect until I terminate enrollment at STI, unless I revoke my consent in writing and deliver it to the Financial Aid Office or Business Office.

STI I.D. # Signature of Student Date