

Chemehuevi Education Center

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(FERPA) AUTHORIZATION OF RELEASE OF INFORMATION FORM

SECTION 1. STUDENT INFORMATION:

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LAST NAME FIRST NAME CONTACT # STUDENT ID# EMAIL

I give permission to the Chemehuevi Education Center to release the information selected in Section 2. to the parties listed in Section 3. for _____ (i.e., higher education, monitoring students' education, providing parents access to student file, scholarship funding application, etc.). **Parent/Guardian Signature** _____

SECTION 2. EDUCATION INFORMATION AUTHORIZED TO BE RELEASED:

I do NOT want information released and/or I want to cancel any previous authorization.

EDUCATIONAL INFORMATION	DESCRIPTION OF INFORMATION
<input type="checkbox"/> ALL RECORDS	ALL RECORDS LISTED BELOW
<input type="checkbox"/> REGISTRATION AND ADMISSIONS	CLASS SCHEDULE(S), PAST/CURRENT/FUTURE ENROLLMENT AND REGISTRATION ACTIVITY, ENROLLMENT STATUS, GRADES, CLASS ATTENDANCE, RESIDENCY STATUS, AND MAILING ADDRESS INFORMATION INCLUDING PHONE AND EMAIL INFORMATION.
<input type="checkbox"/> STUDENT INFORMATION	EMERGENCY INCIDENT(S), ATTENDANCE RECORDS, GRADES, ACADEMIC REPORTS, ASSESSMENT DATA REPORTS PERTAINING TO STUDENTS GRADES AND PROGRESS
<input type="checkbox"/> EXTRACURRICULAR ACTIVITIES	ALL INFORMATION AND DOCUMENTS PERTAINING TO STUDENTS EXTRACURRICULAR ACTIVITIES AS THEY PERTIAN TO GRADES AND PROGRESS ONLY
<input type="checkbox"/> HIGHER EDUCATION	INCLUDES ALL DOCUMENTS AND INFORMATION THAT PERTAINS TO HIGHER EDUCATION, COLLEGE APPLICATIONS, ESSAYS, SCHOLARSHIPS, CHEMEHUEVI SCHOLARSHIP APPLICATION, GRANTS AND FINANCIAL AID
<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER	

SECTION 3. INDIVIDUALS TO RELEASE INFORMATION TO:

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LAST NAME FIRST NAME CONTACT # RELATIONSHIP EMAIL

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EDUCATIONAL INSTITUTION CONTACT # CONTACT NAME EMAIL
 CIT ED CENTER 760-858-1063 ANNE FRAZIER DIR.EDU@CIT-NSN.GOV

EDUCATIONAL INSTITUTION CONTACT # CONTACT NAME EMAIL

Date Processed CIT Staff Signature