Muckleshoot Scholarship Program

ScholarshipsDept@Muckleshoot.nsn.us 253-876-3378

FERPA (Family Educational Rights and Privacy Act)
Student Release of Information

The Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, 34 C.F.R. Part 99 is a federal law that protects the privacy of financial and academic student education records. Generally, schools must have written permission from the parent or eligible student (if over 18 years of age) in order to release information from a student's education record.

The applicant understands that the Muckleshoot Indian Tribe's intent of collecting and maintaining this data is for determining eligibility of the student for Tribal educational benefits and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from being eligible to obtain higher education assistance under this program.

The Muckleshoot Scholarship Program requires certain information from the applicant. This form allows the Scholarship Program to obtain the required information from education institutions. This information may be made available to authorized organizations or individuals in compliance with all applicable laws.

I, _____ hereby authorize
    (Student or Parent/Guardian requesting release, print full name)

_____ to release any and all of the following
    (Program/School/University)

information over the period of _____ to the Muckleshoot Scholarship Program:
    (Current Academic Year)

- Financial aid awards, application data, and disbursements
- Billing statements, and Invoices
- Official and/or Unofficial Transcripts , registration, enrollment information, records of any information regarding student discipline, and/or academic progress status
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples

   Failure to check all boxes may result in you not recieving some or all of your scholarship funds

I acknowledge that this release is valid at _____ for the academic year
    (Program/School/University)

listed above or until I have revoked this release in writing.

_____   _____
(Student or Parent/Guardian Signature)   *(Date)*

Please Note: FERPA pertains to the release of records only. It does not give others the right to act on your behalf or change your records.