

Student Consent to Release Information

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as Amended third parties such as T.E.A.C.H. MINNESOTA cannot access student grades unless written permission is given by the student.

I, the undersigned, do hereby authorize the release of the following information:

1. Grades for the courses I am currently enrolled in
2. Eligibility for financial assistance
3. Outstanding financial obligation

between T.E.A.C.H. Early Childhood® MINNESOTA and

(college or university)

The information is needed in order that I may be considered for financial assistance from the above named agency or institution. My signature authorizes the exchange of this information from the aforementioned agency or institution every semester or quarter enrolled in classes. The Authority for Exchange of Information shall be valid for the entire length of time I am on scholarship with T.E.A.C.H. Early Childhood® MINNESOTA.

Student's Name: _____ ID Number ____ - ____ - ____
(print name)

Student Signature: _____ Date: _____

T.E.A.C.H. Early Childhood® MINNESOTA Scholarship Program
380 Lafayette Road, Suite 103
Saint Paul, MN 55107
1-888-30-TEACH or 651-290-9704 ext.109