



Cheyenne River Sioux Tribe

EDUCATION SERVICES

P.O. Box 590

Eagle Butte, SD 57625

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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Under the **Family Education Rights and Privacy Act of 1974 (FERPA)**, written consent must be obtained before disclosure of any identifiable data for any requests other than the following:

School Officials of other schools in which the student intends to enroll, authorized representatives of state or federal agencies, and authorized persons in connection with a student's application for, or receipt of financial aid.

I, _____, authorize _____ to release the
(PLEASE PRINT FULL NAME) (COLLEGE OR UNIVERSITY)
FINANCIAL AID PACKAGE/ NEEDS ANALYSIS FORM prepared and certified by the college Financial Aid Office indicating the student's unmet need based on his/her budget, resources, and awards.
This form can only be returned to our office if a FAFSA has been completed and is on file with the college's Financial Aid Office.

By signing this authorization to release confidential information, I give the CRST Education Services Office access to the information indicated above. Although I understand I am not required to release this information, by signing this document I am giving my consent to the CRST Education Services Office to receive this record. I also understand that this release remains in effect until I revoke my consent in writing and deliver it to the Financial Aid Office of my college/university.

Signature of Student

DATE