



Spokane Tribe Education Department

Higher Education Department

P.O. Box 358 • Wellpinit, WA 99040 • Phone (509) 458-8009 • Fax: (509) 458-8017

Release of information

This form authorizes the release of information from your higher educational records to third parties you have designated below

Student name (print)	Student phone(s)	Student email
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I authorize designated representatives from the Spokane Tribe Education Department to release my information from my higher educational records to those individuals listed below. (Information may include financial aid application and award, status of higher education application, tuition costs and award letters, grades, etc.)

Please Print

Name	Relationship	Phone(s)
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Name	Relationship	Phone(s)
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Purpose: the purpose of this release of information is to share student information from the student record with the designated person(s) above.

I understand that this authorization will remain in effect until I submit a written request to cancel.

Please revoke any previous authorizations for release of information.

Pen to Paper Signature of Student	Date
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Release persons agree to be respectful, courteous, and kind. Any form of intimidation or aggressive manner or tone may in result in revocation of ROI. **I understand that intimidating a public servant is a class B felony per RCW 9A.76.180.**

Released persons name (print)	Date
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Released persons name (sign)	Date
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