

MISSISSIPPI BAND OF CHOCTAW INDIANS TRIBAL SCHOLARSHIP PROGRAM

Authorization to Release Student Information

Academic Year 20__ - 20__

Student's Full Name

Social Security Number

I understand and agree that:

- * this authorization is voluntary;
- * my personally identifying information will be used in communication with the educational institution(s) that I attend (or will attend) in gathering information needed for my scholarship award;
- * my scholarship information will be used in cumulative data for program management & reporting purposes;
- * my scholarship information will be used by Tribal Administration and the MBCI Office of Workforce Development for planning and recruiting purposes;
- * my scholarship information may be subject to re-disclosure by the recipient(s) and the information may no longer be protected by the Tribal Scholarship privacy policies;
- * this authorization will expire at the end of every Academic Year (AY). I may revoke this authorization at any time by notifying the Tribal Scholarship Program in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Who May Receive and Disclose my Information:

I authorize the Tribal Scholarship Program and its Staff to disclose my Scholarship records to the following person(s) or organization(s):

Full Name of Person(s) or Organization(s)

Full Name of Person(s) or Organization(s)

I do not authorize the Tribal Scholarship Program to disclose my Scholarship records to any person or organization not listed above.

Type of Information to be Disclosed:

I authorize disclosure of **all** my Scholarship information, including, but not limited to, my financial awards, school attending, major status, housing status, and grades; **or** I authorize only the disclosure of the following information:

(Type of Information)

Signature of Student

Date

Signature of Parent (*ONLY if student is under 18 years old*)

Date

Relationship to Student

NOTIFICATIONS OF RIGHTS UNDER FERPA

The Family Educational Rights and Privacy Act (FERPA) provides eligible students certain rights with respect to their education records. (An “eligible student” under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution.)

These rights include:

- The right to inspect and review the student’s education records within 45 days after the day the MBCI Tribal Scholarship Program receives a request for access. A student should submit a written request that identifies the records the student wishes to inspect. The program will make arrangements for access and notify the student of the time and place where the records may be inspected.
- The right to request the amendment of the student’s education records that the student believes is inaccurate, misleading, or otherwise in violation of his or her privacy rights under FERPA.
- The right to provide written consent before the MBCI Tribal Scholarship Program discloses personally identifiable information from the student’s education records, except to the extent that FERPA authorizes disclosure without consent.
- The right to file a complaint with the U.S. Department of Education concerning alleged

failures by MBCI Tribal Scholarship Program to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Please be aware that the MBCI Tribal Scholarship Program may disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please circle the appropriate response:

- **Yes.** I certify that my parents claim me as a dependent for federal income tax purposes.
- **No.** I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

Consent for Independent Students

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that the MBCI Tribal Scholarship Program may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by the MBCI Tribal Scholarship Program as appropriate. This authorization will remain in effect for the 20 ___ - 20 ___ school year.*

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

• _____	2. _____
Name(s)	Name(s)
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Telephone	Telephone

*Students cannot be denied any educational services from MBCI Tribal Scholarship Program if they refuse to provide consent.