SINTE GLESKA UNIVERSITY

SICANGU LAKOTA OYATE
PO Box 105
Mission, SD 57555-0105
Telephone (605) 856-8100

ESTABLISHED DECEMBER 1970

ACCREDITED BY THE
THE HIGHER LEARNING COMMISSION 1983
RECOGNIZED AS A
1994 TRIBAL LAND GRANT INSTITUTION

Student Release of Information Authorization Form

Woohola — Respecting Your Privacy and Voice

STUDENT INFORMATION

Full Name: _____
Student ID Number: _____
Date of Birth: _____
Phone Number: _____
SGU Email Address: _____

PURPOSE OF THIS FORM

In accordance with the Family Educational Rights and Privacy Act (FERPA), Sinte Gleska University must have written permission from the student in order to release any information from a student's education records to a third party. This form allows you to specify what information you wish to share and with whom.

PARTIES TO WHOM INFORMATION MAY BE RELEASED

I authorize SGU to release information to the following individuals or agencies:

1. **Name:** _____
   Relationship: _____
   Phone/Email: _____

2. **Name:** _____
   Relationship: _____
   Phone/Email: _____

(Attach an additional page if more space is needed.)

INFORMATION TO BE RELEASED

(Please check all that apply)

☐ Academic Records (grades, GPA, enrollment status, academic standing)
☐ Financial Aid Records (awards, eligibility, disbursements, SAP)
☐ Billing and Payment Records (tuition, fees, balance, payments)
☐ Student Conduct and Discipline Records
☐ Class Schedule and Course Registration
☐ Attendance Records
☐ All of the Above
☐ Emergency purposes only
☐ Other (please specify): _____

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METHOD OF RELEASE
(Select all acceptable methods)

☐ In-person discussion (with valid photo ID)
☐ Phone (with verification)
☐ Email (to verified account only)
☐ Mailed documents
☐ Other: _____

DURATION OF CONSENT
This release will remain in effect until:

☐ **End of Current Academic Year**
☐ **Graduation/Withdrawal from SGU**
☐ **Date:** _____
☐ **Until Revoked in Writing by Student**

STUDENT CONSENT
By signing below, I understand that:

- I may revoke this authorization at any time by submitting a written request.
- This form does not permit SGU to discuss health/mental health records protected under HIPAA.
- SGU will not be held responsible for information released with my authorization.
- I have the right to protect my privacy and update my release preferences at any time.

Signature: _____
Date: _____

Encouragement from SGU: In this digital age, your privacy is sacred. We encourage you to revisit and update this form **each semester** to ensure your information is protected according to your wishes.

Return this form to:
Registrar's Office
Sinte Gleska University
Phone: (605) 856-8193
Email: Registrar@sintegleska.edu

SGU OFFICE USE ONLY

Date Processed: _____
Staff Initials: _____
Uploaded to Student File: ☐ Yes ☐ No