LBST HIGHER EDUCATION PROGRAM

Lower Brule Higher Education/ AVT
Program
187 Oyate Circle
P.O. Box 187
Lower Brule, SD 57548
Phone: (605) 815– 5369
Fax: (605)473–5606 ATTN: Higher Ed

FERPA Consent to Release Student Information

To: _____

(Name of University or Institution and Name of Financial Aid Official that will be releasing the financial or educational information)

Please provide information from the financial records of (name of student requesting the release of financial information) _____

to: Jeshua Estes; LBST Higher Education Program Specialist, LBST Higher Ed Program
(Name of person and entity to whom the educational records will be released)

The only type of information that is to be released under this consent is:
Financial aid information provided within the LBST Higher Education Financial Needs Analysis Form

The information is to be released for the following purpose:
To Determine eligibility for the LBST Higher Education/AVT Scholarship Grant. *This Scholarship is need based and includes factors such as EFC, Pell Eligibility etc. that may best prioritize and determine this student's eligibility for this grant scholarship.

I understand the information may be release orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent. I understand I may revoke this Consent upon providing written notice to your institution's financial aid office. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Lower Brule Sioux Tribe's Higher Education Department for the specific purpose described above.

Name (Print): _____

Signature: _____

Last 4 Student SSN: _____ Date: _____