



CONFEDERATED TRIBES OF COOS, LOWER UMPQUA, AND SIUSLAW  
EDUCATION DEPARTMENT  
1245 FULTON AVE  
COOS BAY, OR 97420  
Phone 541-888-9577, ext 1315  
Fax 541-888-2853  
Web: ctclusi.org  
Facebook: CTCLUSI Education News

## Disclosure of Student and Consent Form

To: \_\_\_\_\_

From: \_\_\_\_\_

Student's First Name                      Middle Initial                      Last Name

Permanent Street Address                      City                      State                      Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, Education Department is permitted to disclose information from your education records to your person(s) of your choice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you agree that the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians may disclose information from your education records to Person(s) named on this form, please sign the following consent:

I consent to the release of all the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, Education Department student academic information for reasons determined by the department as appropriate. This authorization will remain in effect for the [ \_\_\_\_\_ ] school year.\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person(s) information can be shared with:

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

*\*This is an optional form. Consent is not mandatory. Consent can be withdrawn at any time by written statement to CTCLUSI Education Department. This Consent does not cover medical records.*