MONTANA
STATE UNIVERSITY

TRiO
Student Support Services

TRiO Student Support Services
Statement of Student Records Management & Information Release

This office is committed to ensuring that all information and communication pertaining to a student's records is maintained as confidential as required or permitted by law. Our guidelines about the treatment of such information are as follows:

1. No one will have immediate access to student files in this office except appropriate staff from TRiO Student Support Services. Any information regarding a student's record is considered confidential and will be shared only with others within the university who have a legitimate educational interest.

2. This information is protected by the Family Educational Rights and Privacy Act (FERPA).

3. Sensitive information in our student files will not be released except in accordance with federal and state laws.

4. A student's file may be released pursuant to a court order or subpoena.

5. If a student wishes to have information from his/her records shared with others, the student must provide written request/authorization to the office. Before giving such authorization, the student should understand the purpose of the release and to whom and for how long the information is authorized for release.

6. The student should also understand that there may be occasions when TRiO staff will share information regarding a student's file at his/her discretion if circumstances necessitate the sharing of information and the staff or designee has determined that there is an appropriate legitimate educational interest involved.

7. A student has the right to review his/her own file with reasonable notification.

I have been provided with a copy of the policies/procedures followed by the TRiO Student Support Services office in handling confidential information. I understand the circumstances under which information may be shared and the efforts made to appropriately limit the release of sensitive information within the campus community.

RELEASE OF INFORMATION

I, _____, ID#_____

Hereby give permission to (agency/department)

_____, to release

information from my files to: (name,

agency/department, add) _____

_____
(must be completed)

Today's Date _____ Date Effective _____ Date Ending _____

Signed,_____
(print and signature)