



FERPA RELEASE OF INFORMATION AUTHORIZATION

Special Education Teacher Pathway Program – SWWC

Student Information

Name: _____

Address: _____

Phone: _____

District Email: _____

Authorized Organizations

College/University: _____ Address: _____

Student ID Number: _____ Phone: _____

Employing District: _____ Address: _____

Superintendent: _____ Phone: _____

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I hereby authorize the release and sharing of my financial and education records from organizations and employing school districts to Southwest West Central Service Cooperative and individuals within that organization listed below for the purpose of supporting my participation and success in the Southwest Minnesota Special Education Teacher Licensure Pathway Program.

I authorize the release of the following information:

Please check each item you authorize to be released:

- ☐ **All Records listed below** (do not need to check individually below if selected)
- ☐ **Financial Records** (Tuition statements, fees, holds, billing information, payment plans, accounting statements, debt/collections information, and billing address)
- ☐ **Scholarship and Financial Aid Records** (FAFSA status and award letters, financial aid disbursement details, types of missing information, award amounts, grants, scholarship, loans, and anticipated disbursement dates)
- ☐ **Registration and Academic Records** (Courses taken, grades received, academic progress, academic standing (including probation/suspension status), transfer credits awarded, and transcripts)
- ☐ **Admissions Records** (date of application, programs selected, documents received and pending, dates of admission, admission status, conditions of admission, enrollment verification)
- ☐ **School District Records / Information** (Employment verification, teaching assignments, employment relationship, employment status change, licensing requirements, programmatic and possible financial barriers)



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Special Education Teacher Pathway Program – SWWC

Authorizing Organizations - Requesting, Releasing and Sharing Information

Company Name: Southwest West Central Service Cooperative (SWWC)

Address: 100 London Road, Marshall, Minnesota 56258

Phone Number: 507-537-2278

FAX: 507-537-7327

Email Address: sped.pathway@swwc.org

Authorized SWWC Employees:

- **Lori Rangaard**, Program Success Coach, lori.rangaard@swwc.org
- **Liz Deen**, Senior Director of Teaching and Learning/Grant Administrator, liz.deen@swwc.org
- **Dawn Christensen**, Administrative Assistant, dawn.christensen@swwc.org
- Special Education Directors and Special Education Due Process Specialists assigned to your district

These individuals are authorized to communicate with my college/university and employ the school district regarding the above information for the purpose of educational support, progress monitoring, tuition coordination, and program documentation.

Length of Release

Select how long you would like your student information to be released:

- ☐ Permanently (Never Expires)
- ☐ Temporary Access through June 30, 2027
- ☐ Temporary Access through (specify expiration date) Month/Day/Year: _____

Authorization & Acknowledgment:

I understand that:

- This release is valid through the date indicated on this FERPA form or until I submit a written revocation to grant staff (Program Success Coach or Grant Administrator).
- Revocation will not affect any disclosures made prior to the receipt of the revocation.
- This FERPA does not supersede any other release of information or FERPA currently on file for the student; it is added in addition.
- A new FERPA will need to be submitted if my status in the college and/or employing district changes at any time while I am in this program.
- The Special Education Teacher Pathway grant program and other entities may require additional FERPA, release of information, or other documentation at any time for any reason.

Student Printed Name: _____

Date: _____

Student Signature: _____

(must be signed or e-signed; not typed)