



STUDENT RELEASE OF RECORDS FERPA AUTHORIZATION FORM

(Family Educational Rights and Privacy Act of 1974)

TO BE FILLED OUT BY THE STUDENT ONLY

I, _____ hereby authorize Bellingham Technical College
(PLEASE PRINT FULL NAME)
to release the following educational records for the purpose of:

- Academic Assistance
 Payment of Tuition
 Verification of Enrollment/Progress
 Other _____

Initial on the lines below to indicate which records you consent to make available

Academic/Transcript Records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, and any other documentation contained in the academic records).

Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, and records hold information for balances owing).

Instructor/Classroom Records (records include: attendance, progress reports, tests, homework, and professional job skills related to employability. **Note:** Instructors only need to retain records which make up the final grade. Instructors are not required to have conversations about academic progress with anyone other than the student).

Financial Aid Records (records include: status of file, award and distribution of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

Other (Please Specify) _____

**The following individual(s) are authorized to access the information indicated above:
PLEASE PRINT FULL NAME**

Parent/Guardian _____ Spouse _____

Agency _____ Instructor/Reference _____

Other (Specify name and relationship) _____

FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.

Although I understand I am not required to release this information, I am giving my consent to Bellingham Technical College to disclose these records. I also understand that this release remains in effect for two years from the date signed, unless I revoke my consent in writing and submit it to the Registration Office at Bellingham Technical College.

Signature of Student

Date

SID # _____ and/or SSN # _____

Copy: Registration

Copy: Instructor

Copy: Student