



AUTHORIZATION TO DISCLOSE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designated to protect the privacy of educational records. Bunker Hill Community College's procedures for complying with the provisions of this Act can be found in the Student Handbook as well as the Catalog and our website. In accordance with FERPA Regulations, the College may not discuss a student's academic and/or financial information with their parents, spouses, sponsors or guardian of the student.

By completing and signing this form, the student below authorizes Bunker Hill Community College to discuss the information with the student's designee (parent, spouse, relative, guardian, etc.) The student should know that by signing this form, College personnel will disclose any information pertaining to the student's academic record, financial aid status, and student financial account. This authorization will remain in effect until the student submits written notice terminating this consent to the Student Payment Office.

STUDENT INFORMATION

STUDENT NAME _____ ID NUMBER _____
Print

STUDENT AUTHORIZATION

I have read this document and fully understand the contents. I agree to release all information related to my academic, financial aid, financial account, and other records at the College to: **(NAME or NAMES MUST BE INDICATED BELOW)**

_____ Relationship to student
Print (Name of individual to whom information can be released)

_____ Relationship to student
Print (Name of individual to whom information can be released)

To protect my privacy, when inquiring about my educational records at the College, the above-indicated individual(s) MUST present a US Government issued ID such as a drivers license or a passport.

Term this begins: Fall _____ Spring _____ Summer _____ Year: 20 _____

_____ Date
Student Signature

I understand that if I am not present to sign this authorization letter in the presence of a BHCC Staff, I must have this form notarized and the original mailed to the address below. I understand that the authorized person may also present to your office their US Government issued ID/Passport for verification along with my notarized authorization form. To protect my privacy, when inquiring about my educational records at the College, the above-indicated by individual(s) must provide the following pass code: _____ Please choose and enter your code in the space provided

For Notary Public Use Only

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____,
Month Name of Signer

Proved to me on the basis of satisfactory evidence of identity to be the person whose name is signed on this document and who signed in my presence.

Signature of Notary Public

Notary Seal

OFFICE USE ONLY:

Date Received:	Received by	Date Entered in Colleague:
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