

Student Information Release Authorization

In compliance with the federal Family Educational Rights and Privacy Act of 1974, the College is prohibited from disclosing certain information in your education record, such as grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) to a third party without your prior consent. This restriction applies, but is not limited to, your parents, your spouse, or sponsor.

You may, at your discretion, grant the College permission to release information from your education records to a third party by submitting a completed Student Information Release Authorization form. You must complete a separate form for each third party to whom you wish to grant access to your education record information. The specified information will be made available only upon request by the authorized third party.

Student Information:			
Last Name	First name	Student ID#	
Current Address (Street/PO, Apt)	City	State	Zip Code
Third Party Designee:			
Organization Name (If applicable)	Last Name	First Name	
Current Address (Street/PO, Apt)	City	 State	Zip Code
Education record information to be released: (Che	ck one or more below to grant authorizat	ion)	
Official or unofficial college transcript			
Billing statements, charges, credits, payme	ents, past due amounts, and/or collect	ion activity	
Financial aid awards, application data, disl	oursements, eligibility, and/or financia	al aid satisfactory academi	c progress
Access to student records maintained by the a	Academic Records Office, Student Paymen	t, and Financial Aid, including	g all of the above
Other, please specify:			
Return the completed form:			
Email via your BHCC email account to: academicservices@bhcc.edu			
Note: You may revoke your authorization at any t	ime by sending a written request to the ac	ddress above.	
BHCC ID:	· · · · · · · · · · · · · · · · · · ·		
Student Signature:		Date	