

ACADEMIC RECORDS

Student Information Release Authorization

Return the completed form to:

Academic Records Office **Bunker Hill Community College** 250 New Rutherford Avenue, B204 Boston, MA 02129

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. The College does not automatically send information to a third party.

Submit your completed form to the Academic Records Office at BHCC, at the address above. Please note that your authorization to release information will expire one academic year from submission of the completed form (e.g., September 2014- August 2015). You may renew or revoke your authorization at any time by sending a written request to the address above. Please note that this release overrides for the party named on the form only any suppression of FERPA directory information you may have previously requested. BHCC does not release certain aspects of student records (e.g. registration, grades, GPA) over the phone or via email.

This information release authorization is intended for use only by the Academic Records Office.

Student Information: Student Last Name Student First name Middle Initial Current Address (Street/PO, Apt) City Zip Code State **Third Party Designee:** First and Last Name **Organization Name** Current Address (Street/PO, Apt) State Zip Code City **Email Address Daytime Phone** Extension Education record information to be release: (Check one or more circles below to grant authorization) Official or unofficial college transcript Billing statements, charges, credits, payments, past due amounts, and/or collection activity Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress Access to student records maintained by the Academic Records Office, Student Payment, and Financial Aid, including all of the above examples Other, please specify: BHCC ID: Student Signature:

Date: