



# 2023-2024 Authorization to Release Information

3028 Lindbergh Ave. Bellingham, WA 98225 • (360)752-8351 • fax (360)752-7151 • FinAid@btc.edu

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship, and billing/account information, and will not be released without written consent from the student. By signing this form, the student authorizes BTC's Student Financial Resources office personnel to release confidential Financial Aid information to the designated person(s).

## Student Information

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

ctcLink ID

\_\_\_\_\_

Previous Last Name (s)

\_\_\_\_\_

Email Required (Email is the default communication method)

## Student Authorization: This information is valid for the current academic year only

I authorize BTC Student Financial Resources Staff to discuss my financial aid application status, amounts of financial aid offered, and eligibility with the person(s) listed on this form. **This authorization will expire at the end of Spring Quarter (June 30, 2024).**

I understand that this authorization can only be used by Student Financial Resources office. An additional Release of Information form is required to receive information from other offices including Admissions and Registration.

I understand the person(s) listed on this form will have access to the following information after providing the correct password specified below:

- Types of funding awarded to me;
- Outstanding requirements and the status of processing or disbursement of aid;
- Charges assessed to my account and any financial aid refunds

This authorization does not allow the Student Financial Resources staff to release specific academic information, nor does it enable the person(s) below to make adjustments to accounts. Additionally, we will not release FAFSA parent-of-record information to a third party.

### Name(s) and relationship(s) of person(s) to whom this information may be released:

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Password

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Password

## Signature Certification Required: Signature must be witnessed by Student Financial Resources staff

You must appear in person at the BTC Student Financial Resources office to verify your identity by presenting a valid, unexpired government-issued photo ID such as a driver's license, other state-issued ID or U.S. passport. BTC will maintain a copy of your photo ID that is dated with the date it was received and reviewed, and the name of the official at BTC authorized to complete this ID. **Military ID cannot be accepted.**

**I have read this form carefully. I certify that the information reported on this form is true and correct to the best of my knowledge.**

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**EBH082**

Identification required – Staff please verify student and make copy of ID.