



STUDENT RELEASE OF RECORDS
FERPA AUTHORIZATION FORM
(Family Educational Rights and Privacy Act of 1974)

ORIGINAL TO BE COMPLETED AND SUBMITTED IN PERSON BY THE STUDENT ONLY

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

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

You must initial on the lines below to indicate which records you consent to make available

- Academic/Transcript Records
Student Account Records
Instructor/Classroom Records
Other (Please Specify)

Financial Aid Records require a different records release form. Print the Authorization to Release Information form, and contact Student Financial Resources at 360.752.8351 for more information.

The following individual(s) is/are authorized to access the information indicated above:

PLEASE PRINT FULL NAME LEGIBLY

- 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 # _____ or SSN # _____

FOR OFFICE USE ONLY
FERPA Release of Records Entered in HP on _____