# 2020-2021
# Authorization to Release Information

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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 a designated person(s).

## Student Information

Last Name _____ First Name _____ Student ID Number _____

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 the Bellingham Technical College Student Financial Resources Staff to discuss confidential account information for the purposes of understanding and meeting college-related financial obligations with me (the student) as well as the person(s) listed on this form. **This authorization will expire at the end of Spring Quarter (June 30, 2021).**

I understand the person(s) listed on this form will have access to information via telephone, in person, or by mail to information that may include the following:

- My financial aid, scholarship records and veteran funding, including processing and eligibility status, as well as award types;
- Specific student information;
- College tuition billing account and/or statements, including credits and debits posted to that account, and any refunds I may receive.

**Information will only be released in person or over the phone when the representative provides their verbal password**

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 the third party.

An additional Release of Information is required to receive information from Admissions, Registration and/or the Cashier's offices. That form can be requested via the Registrar's Office.

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

Name _____ Relationship _____ Password _____

Name _____ Relationship _____ Password _____

## Signature Certification Required: This form must be witnessed by a Student Financial Resources staff member

**I certify the above information is true and correct to the best of my knowledge.**
**I have carefully read this form. I understand that an incomplete or illegible form may delay processing.**

Student Signature _____ Date _____

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| 90 | **Office Use Only**<br>ID Verified By: _____ Staff Initials | Received: |