



2021-2022

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 my financial aid application status, award and eligibility for the purposes of understanding my financial obligations and eligibility with the person(s) listed on this form. **This authorization will expire at the end of Spring Quarter (June 30, 2022).**

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 refunds I may receive.

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: This form must be witnessed by a Student Financial Resources staff member

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

90		Received: