



Bethany College Office of the Registrar FERPA Release Form

The Federal Family Education Rights and Privacy Act of 1974 (FERPA) is a federal law that gives students various rights with respect to their educational records. For the student's protection, FERPA limits release of student record information without the student's explicit written consent.

You may, at your discretion, grant Bethany College permission to release information about your student records to a third party by submitting a completed FERPA Release Form. The College does not automatically send information to a third party. The specified information will be made available only if requested by the authorized third party.

I, _____, hereby authorize Bethany College to disclose the following records
(Student Name, please print)
upon request to the individual named below (Additional individuals must be added on additional forms).

NAME: _____ **RELATIONSHIP TO STUDENT:** _____
*Check each or all boxes you wish to grant access to the person named above.

- Billing information**, including statements, charges, credits, payments, past due amounts, and/or collection activity
- Grades/GPA**, demographic, registration, student ID number, academic progress status, and/or enrollment information
- Financial Aid information**, including awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status
- Loan Disbursement Information**, excluding Stafford and PLUS loans, including billing and repayment history (including credit reporting history), communication history, balances, and/or collection activity
- Student Disciplinary Records/Student Life Records**, parking citations, ID Card info, meal plan, student conduct incidents, disciplinary findings, student conduct records and sanctions
- All of the Above**

STOP! The signature section must be completed in the presence of a Bethany College Registrar's Office employee.

By signing this release, I authorize Bethany College to release any student education records to the person listed above. Access granted to student education records via this form remains in effect until officially revoked by the student. I understand that I can revoke this access at any time in person at the Office of the Registrar by signing the revocation clause.

Student Signature (required): _____ SID: _____ Date: _____

Revocation of the Release of Student Record Information: I acknowledge that by signing below, I no longer waive my rights under FERPA and I am withdrawing my permission to release any student education records to those individuals on this document. I further understand that if I wish to grant access to my records that a new release form will need to be completed.

Student Signature (required): _____ SID: _____ Date: _____

Office use only

Received by: _____ Date: _____ Processed by: _____ Date: _____