



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RELEASE

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Name: _____
Last First Middle Initial

Address: _____
Street or PO Box

_____ City State Zip Code

Phone: _____ **Email:** _____

Under the Family Educational Rights and Privacy Act (FERPA), as amended, BridgeValley Community and Technical College only releases limited directory information to third parties and additional information as permitted by law. However, BridgeValley Community and Technical College may disclose information from your educational records to a parent, spouse, or other designated person or institution with a student's consent. If you wish to consent to sharing your educational and/or financial records with another person, this consent form must be completed and returned to the Office of the Registrar.

I authorize the release of the following educational records (please check all that apply):

Academic Information (grades, GPA, registration, student ID, academic progress, enrollment status, etc.)

Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status, etc.) and Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity, etc.)

The following PIN number must be provided at the time of the request:

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I understand that (1) I have the right not to consent to the release or disclosure of my education records; (2) I have the right to inspect and review such records upon request; (3) this consent to release or disclose will remain in effect until revoked by me, in writing, and delivered to the Office of the Registrar at BridgeValley Community and Technical College. Any disclosure of information made by BridgeValley Community and Technical College prior to the revocation request is not affected by the revocation. I further understand that in order for BridgeValley Community and Technical College to release information to the individual(s) named below, this release must be executed. Therefore, I, the undersigned, authorize the personnel of BridgeValley Community and Technical College to release my education records, of which it maintains, to the individuals identified below.

Student Signature: _____ **Date:** _____

Those who may receive my education records:

Name(s)

Name(s)

Street Address or PO Box

Street Address or PO Box

City, State, and Zip Code

City, State, and Zip Code

Phone

Phone