



STUDENT REQUEST TO SHARE INFORMATION & FERPA WAIVER

Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without your written authorization. This form is designed to allow you to authorize us to release information to the person(s) or organizations(s) designated below.

Student Name (please print) _____ Student ID# _____

I understand that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records.

Circle # One (1) or # two (2), if #2 list only the records you want to be released.

1. I authorize Bethlehem College and Seminary to release any or all of my educational records to the individual(s)/ organization(s) listed below.

OR

2. I authorize Bethlehem College and Seminary to release only the following information:

(i.e. grades, transcript, enrollment/attendance records, accounting & financial information, results of disciplinary proceedings, etc.)

Parents, guardians or family members to whom my records may be released (These individuals will be required to provide proof of identification before information can be released):

Name: _____
Relationship to Student: _____ Date of birth: _____
Address & Telephone #: _____

Name: _____
Relationship to Student: _____ Date of birth: _____
Address & Telephone #: _____

Other person(s), agency (ies), and institution to whom my records may be released (Please include name of organization & contact person, address and telephone number):

I understand that:

- 1. I have the right not to consent to the release of my education records.
2. This consent shall remain in effect until I submit a written request to cancel this authorization.

Student's Signature _____

Date _____

Print Name of Student _____