

# Big Bend Community College

## CONFIDENTIAL INFORMATION RELEASE FORM

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### Student's Information

Name: \_\_\_\_\_ SID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Person or Organization to Whom Information May be Released

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### The following information may be released:

Grades     Transcript(s)     Class Schedule     Financial Information

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This authorization is valid only for the information, organization and persons cited above for the current academic year \_\_\_\_\_ unless otherwise requested in writing by the student.

The Family Educational Rights and Privacy Act (FERPA) is designed to protect the privacy of a student's educational records. These records may include academic, financial aid, scholarship, athletics, veterans, and billing/account information. Records will not be released without prior written consent from the student. By signing this form, the student authorizes college officials to release and/or disclose specific educational records requested to the designated recipient.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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