



**BLACKFEET COMMUNITY COLLEGE**  
**Authorization to Release Education Records**



**NOTICE & INSTRUCTIONS:** The Family Educational Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records (such as the student's name, address, financial records, awards and grades) from disclosure without the student's signed, written consent unless such consent is not required by law. Students are not required to authorize disclosure of information from their education records. This authorization form will allow officials at the Blackfeet Community College to release information specified by you to individuals/organizations identified by you on the form when written authorization is required.

STUDENT NAME: \_\_\_\_\_ BCC STUDENT ID: \_\_\_\_\_

I, *(print name)* \_\_\_\_\_, hereby voluntarily authorize Blackfeet Community College's Financial Aid Offices to disclose personally identifiable information from my educational records. Let it be noted that limited information will be given by telephone to all parties.

This information may be disclosed to the following party/parties:  
 (Please print clearly)

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

*This form will be kept on file for one academic year, and authorize the indicated party/parties to have all access to ALL aspects of your financial record for the 20\_\_-20\_\_ academic year. By signing, I understand that this authorization will remain in effect for the academic year specified unless revoked in writing by the student.*

\_\_\_\_\_  
 Student Name (Please Print)

\_\_\_\_\_  
 Student I.D. Number

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

Original: Student File