

Bennett College Student Release Authorization Form

In compliance with Federal Family Education Rights and Privacy Act of 1974 (FERPA), Bennett College is prohibited from providing certain information from your student records to a third party, such as grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work-study or loan amounts) and other student record information. This restriction includes, but is not limited to, your parents, spouse or a sponsor. FERPA is a Federal law that protects the privacy of student education records. In order for the University to release information to anyone other than yourself, various on-campus offices, federal, state and law enforcement agencies are exempt under the FERPA law, this release form **must be signed by you (the student)** and will remain in effect until revoked by you in writing.

Please note that it is the policy of Bennett College **not to** release certain aspects of student records (income, grade point average, grades, and account balance) over the telephone or via e-mail. Students must visit the respective offices to obtain this information.

I hereby waive my rights under FERPA and authorize Bennett College the right to release or discuss my student information with University staff/faculty in the Admissions; Registrar; Financial Aid; Treasurer's Office; New Student Programs; Housing & Residence Life; Student Affairs; Athletic Department; Distance Learning and other University offices. In addition, I authorize Bennett College to release or discuss my student information and other non-directory information to the parties (parent(s), spouse, employer, high school, scholarship provider and other agencies) listed below:

SECTION A. Student Information		
Student Name (Last, First, Middle Initial): _____	Student ID: _____	
Telephone Number () _____ <input type="checkbox"/> Cell or <input type="checkbox"/> Home		
Email Address: _____@bennett.edu		
SECTION B. Third Party Designee		
Name (Last, First, Middle Initial or Agency/Organization Name): _____ _____ _____ _____	Relation to Student _____ _____ _____ _____	Daytime Telephone Number () _____ () _____ () _____ () _____
SECTION C. Certification		
<p>I understand that by signing this authorization:</p> <ul style="list-style-type: none"> • I authorize the above third party, named in Section B, access to my educational information. <input type="checkbox"/> I understand University policy prohibits the release of certain aspects of student records over the telephone, as indicated above. • I attest that I am the student signing this form. • I understand that this authorization will remain in effect until I submit a written request to cancel it. 		
Student's Signature	Date	

(Please Print; Information will not be released if we cannot read the individual or organization's name.)

*****OFFICE USE ONLY*****

Received By: _____ Date Received: _____ Processed By:
_____ Dated Processed: _____

Return this form to: Financial Aid Office, 900 E. Washington Street, Greensboro NC 27401