STUDENT AUTHORIZATION TO RELEASE INFORMATION TO OTHERS

I, __________________________ (please print name), authorize Beloit College employees* to disclose, make available, and/or release academic information, financial and financial aid information, disciplinary, personal, physical and/or emotional health situations to the following person or persons:

Name ___________________________________________ Relationship ________________________________

________________________________________________________________________________________

Signature __________________________________________________________ Date________________________

This authorization remains in effect until the student completes a written request to rescind this authorization.

*A copy of this form will be made available to and is applicable to faculty and staff checked below:

☐ Dean of Students Office (Dean of Students, Assistant Dean: Intercultural Center)
☐ Learning Enrichment and Disability Services Office
☐ TRIO Programs (Student Support Services and McNair)
☐ Associate Dean of Students/Director of Advising
☐ Associate Dean of Students & Residence Life Staff
☐ Your academic advisor(s):
  Name______________________________ (please print)

☐ Registrar’s Office staff
☐ Other (be specific: name and title)________________________________________ (please print)

To the student: Copies of this form are available in the Dean of Students Office and must be returned to the Dean of Students Office to become effective. You may nullify this authorization, but it must be in writing and turned into the Dean of Students Office. (*The Health Center, Counseling Center, Disability Support Services, Financial Aid and Accounting will require a separate authorization since they are governed by HIPPA and/or ADA.)

For more information on FERPA (aka the Buckley Amendment), please see http://www.beloit.edu/~academic/registrar/FERPApolicy.php