

BELOIT COLLEGE
STUDENT AUTHORIZATION TO RELEASE INFORMATION TO OTHERS

I, _____ (please print name), authorize BeloitCollege 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
- Associate Dean of Students/Advising
- Residence Life Staff
- Community Equity and Student Success
- Learning Enrichment and Disability Services Office
- Student Excellence and Leadership (SEL)
- McNair
- Your academic advisor(s):
 - Name _____ (please print)
 - 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 in to the Dean of Students Office.

(*The Health Center, Counseling Center, Disability Support Services, Financial Aid and Accounting require a separate authorization since they are governed by HIPPA and/or ADA.)

For more information on FERPA (aka the Buckley Amendment), please see
https://www.beloit.edu/registrar/ferpa_bc_overview/