

**BELOIT COLLEGE**  
**STUDENT AUTHORIZATION TO RELEASE INFORMATION TO OTHERS**

I, \_\_\_\_\_ (please print name), authorize Beloit College employees\* to disclose, make available, and/or release academic, disciplinary, or personal information 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 and is applicable to faculty and staff checked below:

- Dean of Students Office
- Associate Dean of Students/Advising
- Residence Life Staff
- Student Success, Equity, and Community
- 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 emailed to [deanstu@beloit.edu](mailto:deanstu@beloit.edu), or returned to the Dean of Students Office (on the second floor of Pearsons Hall) to become effective. **Please note:** Emailed forms **must** be sent from the student's beloit.edu email account. 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 HIPAA and/or ADA.)**

For more information on FERPA (aka the Buckley Amendment), please see <https://www.beloit.edu/live/blurbs/491-family-educational-rights-and-privacy-act-ferpa>