



## CONSENT TO RELEASE OF EDUCATION RECORDS

Pursuant to the provisions of the **Family Rights and Privacy Act of 1974, as amended (FERPA)**, I give my consent to authorized representatives of Central Baptist College for the release of my education records and any and all personally identifiable information contained therein to the individual(s) listed below. I understand that it is my responsibility to notify the individuals I authorize of the guidelines (listed on the bottom of this form) for obtaining my education records. I also understand that this authorization will remain in effect for my entire enrollment period at Central Baptist College unless I notify the Registrar in writing.

*Please note: Under Federal law, education records may be disclosed to parents of dependent students (as defined under the Internal Revenue Code) without consent of the student [34 CFR § 99.31(a)(8)]. The student's age and parents' custodial status are not factors in this context. In this situation, records may be released to parents only by producing a copy of the most recent Federal Income Tax form showing that the student was claimed as a dependent.*

Student Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### FINANCIAL STATUS DECLARATION

According to the most recent year's income tax returns:

\_\_\_\_\_ I am a dependent child of my parents.      \_\_\_\_\_ I am not a dependent child of my parents.

### CONSENT TO RELEASE DECLARATION

Use the space below to identify the person(s) authorized to have access to your education records (please print).

(If wishing to give permission to more than two individuals, please list all required information on the back of this form)

**Individual #1:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

**Individual #2:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Guidelines for the release of education records:

- All requests for information must be submitted in writing or in person with picture identification. Even with this consent, education records cannot be discussed over the telephone. Additionally, information cannot be requested via the Internet or by any means other than in person with picture identification or by letter with the signature of the authorized individual.
- The College is not responsible for the non-release of future education records should the student make changes to this authorization.

**RETURN THIS FORM TO THE REGISTRAR'S OFFICE**