



Authorization to Release Information (FERPA) Form

Student Name: _____

UIN: _____

DOB: _____

Identification Verification: Student ID card Driver's License

Section 438 of "The Family Educational Rights and Privacy Act" (FERPA) of 1974, as amended, provides for the confidentiality of student educational records. Institutions may not disclose information about students nor permit inspections of their records without the student's written permission except as stipulated in the Act.

I, the undersigned, hereby authorize Baker College to release the following information:

- Academic Information
- Business Office (account) Information
- Financial Aid Information
- ALL Records in ALL Departments

Each person or agency listed below has my permission to access the above identified records:

<u>Name</u>	<u>Address</u>	<u>Relationship to Student</u>

I understand further that: (1) I have the right not to consent to the release of my education records; (2) that by signing below I am waiving my right to privacy as indicated in Section 438 of the Family Educational Rights and Privacy Act of 1974, as amended; and that this consent shall remain in effect until revoked by me, in writing, and delivered to a Baker College Registrar. Any such revocation shall not affect disclosures previously made by Baker College prior to the receipt and posting (within 5 working days of receipt) of any such written revocation.

Student Signature

Date

Baker College Authorized Representative Signature

Date

