



Student Information Release Authorization

Bellevue College does not release information contained in your educational record to family members, other people or agencies without your written consent. Please complete this form and submit it Student Central to give permission for Bellevue College to release information from your educational records. As the student, you must present this form in person with photo identification. Use one form for each person or agency.

| | |
|------------------------------|-------------------|
| Student Name (print clearly) | Student ID Number |
|------------------------------|-------------------|

I authorize Bellevue College to release the information indicated below to the following person/agency:

| | | | |
|--------------------------|------|-------|----------|
| Name of Person or Agency | | | |
| Street Address | City | State | Zip code |

I authorize Bellevue College to release the records indicated below for the purpose of (initial reason/s):

Academic Assistance
 Payment of Tuition
 Enrollment Verification/Progress
 Other (specify reason): _____

I authorize Bellevue College to release the following information (initial each authorized area):

Enrollment Services Records: Admission/Graduation applications, Class schedule, Transcripts, Residency
 Class Records and Progress: **ALL** classes or **SPECIFY** a class: _____
 Finance Records: Tuition & Fees charged/paid, Fines and other financial record holds on account
 Financial Aid File: Awards/Amounts Received, All submitted/required documents,
 Other (specify) _____

Bellevue College has the authority to release this information for the following time period:

One time only (specify date) _____
 For _____ (specify dates/quarters)

Note: Educational records generally include submitted documents or information contained in our Student Record Database. Instructors are only required to release information regarding student progress in areas that go into making up the final grade for a course. They may choose, but are not required to have a detailed conversation with the authorized person or agency you indicate on this form.

My signature below authorizes this release.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|