



# 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. If you wish to give permission for another person or agency to have access to your records, please complete this form and submit it to the Enrollment Services Office. Use one form for each person or agency.

Student Name (print clearly)	Student ID Number
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**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
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