

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		
I authorize Bellevue College to release the inform	ation indicated below to the foll	owing person	n/agency:
Name of Person or Agency			
g ,			
Street Address	City	State	Zip code
I authorize Bellevue College to release the record	s indicated below for the purpo	se of (initial re	eason/s):
Academic Assistance Payment of Tuition Enrollment Verification/Progress			
Other (specify reason):			
I authorize Bellevue College to release the followi	ing information (initial each autl	norized area):	
Enrollment Services Records: Admission	n/Graduation applications, Class s	chedule, Trans	cripts, Residency
Class Records and Progress: ALL class	es or SPECIFY a class:		
Finance Records: Tuition & Fees charge	d/paid, Fines and other financial r	ecord holds on	account
Financial Aid File: Awards/Amounts Rec	eived, All submitted/required docu	ments,	
Disability Resource Center: Test results,	Accommodation information, Sub	mitted docume	entation
Other (specify)			
Bellevue College has the authority to release this	information for the following til	me period:	
One time only (specify date)			
For		(spec	cify dates/quarters)
Note: Educational records generally include subm Record Database. Instructors are only required to go into making up the final grade for a course. Th conversation with the authorized person or agend My signature below authorizes this release.	release information regarding ley may choose, but are not req	student progr	ess in areas that
Student Signature		Date	
Signature Goes Here		MM/DD/YEAR	