

Bethel University FERPA Information Release Form

Name (Last) _____ (First) _____ (Middle) _____

Bethel University releases information regarding a student's academic record/performance, financial records, disciplinary records or other educational records to a student's parents/guardians in accordance with THE **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)**. The Bethel University policy regarding Student Records and Release of Information can be found in our catalog. Further information regarding FERPA can also be accessed at the Department of Education's Web site (www.ed.gov/offices/OI/ferpa/index).

NOTE: Academic and financial records and information may be released to parents/guardians without the student's permission if the student is listed as a dependent on the parent's/guardian's Federal Income Tax return. In addition, Student Life records and information may be released without the student's permission in cases of alcohol and drug violations or when the student poses a danger to him/herself or others.

In accordance with the Family Educational Rights & Privacy Act (FERPA, the Federal Law protecting students' academic records), I make the following declaration. Select one by checking:

1. _____ I am claimed as a dependent on the following persons' IRS Statement and therefore they have access to my Academic Information*. Such information may be obtained from Bethel University faculty, staff and administrators.

Name	Address	City, State, Zip
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Name	Address	City, State, Zip
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In addition to those listed above by IRS declaration, I grant permission for the following persons or agencies to have access to my Academic Information*.

Name	Address	City, State, Zip
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Name	Address	City, State, Zip
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2. _____ I am self supporting and claimed by no one but myself or my spouse on my annual Federal Income Tax Statement. I grant my permission for the following person or agencies to have access to my Academic Information*.

Name	Address	City, State, Zip
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Name	Address	City, State, Zip
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3. _____ I am self-supporting and claimed by no one but myself or my spouse on my annual Federal Income Tax Statement. Therefore, my Academic Information* is subject to release only with my written permission.

Student Signature Authorizing 1,2, or 3 above as indicated	Date	Social Security #	Date of Birth
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Student Personal Identification Number (**3 Letters & 3 Numbers**): _____ - _____

* Any authorized person(s) requesting information must provide this PIN number so choose a number that you will remember and provide it to the authorized person(s).

Please note: If enacted, this declaration is to be filed with the College of Health Sciences Registrar's Office. It may be amended by addition or deletion at any time in writing, otherwise, Bethel University will use this declaration effective the date of first enrollment until the student reaches age of 21 or until the student leaves Bethel University.



Please return to:
Bethel University
College of Health Sciences Registrar
325 Cherry Avenue
McKenzie, TN 38201
Located in the CHS Administration Building
Phone 731-352-6458 / Fax 731-393-0092