

B-S-ID
INFORMATION RELEASES_RG
BCC ID # _____



AUTHORIZATION FOR RELEASE OF INFORMATION

(Please read this authorization carefully before you sign and date it!)

I release _____ to obtain any
Individual/School/Business

Information relating to my activities at Butler Community College. This information may include such records as attendance, grades and grade point average, student standing, and payments collected or needing to be collected. This authorization will **NOT** give the *Individual/School/Business* access to my pipeline@Butler account.

NOTE: Because of **FERPA** (Federal Educational Right to Privacy Act) requirements, this release will not allow the *Individual/School/Business* to request any written information about me that could be released to a third party.

Copies of this authorization are as valid as the original release signed by me. This authorization is valid two (2) years from my signature date.

PLEASE SIGN IN INK!

Printed Name: _____

Butler ID (or SSN): _____

Signature: _____ **Date:** _____

Street Address: _____

City: _____ **ST:** _____ **Zip:** _____

Office Use Only-Date recorded on SPACMNT: _____