



Authorization to Release Student Education Record Information

Office of the Registrar

Burrell College of Osteopathic Medicine (BCOM) complies with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA") and FERPA's implementing regulations, 34 C.F.R. § 99.1, et seq. Subject to certain exceptions, BCOM does not disclose a student's educational records and information to others without the student's written authorization. Students may sign this Authorization to Release Student Education Record Information form to authorize BCOM to disclose the students' records and information subject to the law, applicable policies, and the parameters and restrictions set forth below. Information about BCOM's FERPA compliance is available at: <https://bcomnm.org/students/resources/office-of-the-registrar/>.

I. Student Information:

Name of the Student: _____

Address: _____
Box or Street # City State Zip Phone

Student ID Number: _____ BCOM Email: _____@mybcom.org

II. Recipient Information:

I authorize BCOM to release my educational records to the person(s) specified below:

Name(s): _____

Address: _____
Box or Street # City State Zip Phone

For the purpose of informing (check below):

- Family
- Educational Institution
- Honor or Award
- Employer/Prospective Employer
- Public or Media of Scholarship
- Other (Please Specify) _____

III. Consent:

Pursuant to the provisions of the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I give my consent to authorized representatives of Burrell College of Osteopathic Medicine for the release of information regarding my account as indicated below:

Student Information Type (check below)	Description (Including, but <u>not</u> limited to, the following):
<input type="checkbox"/> Business Account	Account balance, charges, credits, past due balances, third party sponsorship
<input type="checkbox"/> Financial Aid	Award information, scholarship(s)
<input type="checkbox"/> Academic Records	Student enrollment, academic records, grades, schedule, Veteran's benefits

I understand this authorization will remain in effect until the Office of the Registrar receives my written revocation. I understand that I have the right to rescind this authorization at any time.

Student Signature: _____ Date: _____

If not delivering in person, the section below must be completed by a Notary Public. BCOM reserves the right to contact the student to authenticate the student's signature before disclosing records or information.

State of _____ County of _____

On this _____ day of _____, 20____, _____ personally appeared before me,

(Check One): who is personally known to me OR whose identity I proved on the basis of _____, to be the signer of the above instrument.

Notary Public _____

Residing at _____

My commission expires: _____

OFFICE USE ONLY:

Processed by: _____ Date: _____