

**HERITAGE BIBLE COLLEGE**  
**AUTHORIZATION AND CONSENT TO RELEASE EDUCATION RECORDS**

In accordance with the *Family Educational Rights and Privacy Act of 1974* (FERPA), as amended, a student's education records are maintained as confidential by Heritage Bible College and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. A student *may* grant permission to authorized personnel of the College to release some or all of that student's education records by completing this authorization and consent form. The student will be given a copy of the completed form. This form must be filed by the student with each office which is being requested to share information with a third party and will be maintained by the Registrar's Office.

Student Name (print): \_\_\_\_\_ Student ID: \_\_\_\_\_

***I, the undersigned current or former student, hereby consent and authorize:***

\_\_\_\_\_ ***(Registrar's Office) with Heritage Bible College to release the following records upon the request of the person identified below:***

**CHECK ALL APPLICABLE RECORD(S)**

*Please specify specific records within each category on the line provided; if left blank, all items within that category are authorized to be released*

Transcripts  
\_\_\_\_\_

Grade Reports  
\_\_\_\_\_

Advising Reports  
\_\_\_\_\_

Attendance Records/Status Updates  
\_\_\_\_\_

Financial Aid  
\_\_\_\_\_

Conduct/disciplinary  
\_\_\_\_\_

Other Records  
\_\_\_\_\_

***The person(s) authorized to receive these records is (are):***

Name, Address & Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name, Address & Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**DURATION OF AUTHORIZATION/CONSENT**

*(Complete first option for a limited duration consent/authorization. Otherwise complete second option for an indefinite consent/authorization.)  
-- ONLY SIGN ONE SECTION--*

***By my signature below, I acknowledge that this consent and authority is valid from \_\_\_\_\_ to \_\_\_\_\_.***

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***By my signature below, I understand that this consent and authorization shall remain in effect until written revocation from me is received by the HBC Registrar's Office, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.***

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>For Official Use Only</p> <p>Form Received by: _____ Date: _____</p>
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**RESCIND CONSENT AND AUTHORIZATION**

***I, the above named student or former student, hereby rescind my consent and authorization to release my education records.***

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>For Official Use Only</p> <p>Rescind Consent Received by: _____ Date: _____</p>
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