



CONSENT TO RELEASE OF EDUCATION RECORDS

Under the Family Educational Rights and Privacy Act (FERPA), I give **Central Baptist College** my consent to disclose information from my education records and any personally identifiable information, for reasons determined by **Central Baptist College** as appropriate, to my parents, spouse, or any other person specified below. This authorization will remain in effect until I revoke consent in writing. All requests for information must be accompanied by another identifiable item of student information (e.g. date of birth or last four digits of the student's social security number) in order to discuss or do business on behalf of the student

*Please note that **Central Baptist College** may disclose the information listed above to parents and legal guardians of students that are claimed as a dependent for federal tax purposes.*

Please check the appropriate box:

- Yes. I certify that my parents claim me as a dependent for federal income tax purposes.
- No. I certify that my parents do not claim me as a dependent for federal income tax purposes.
- I don't know if I am a dependent.

Print Name: _____

Date: _____

Signature: _____

Phone Number: _____

Date of Birth: _____

For more information about FERPA, visit the **Central Baptist College** website or go to the CBC Catalog.

Use the space below to identify the person(s) authorized to have access to your education records (please print). (If wishing to give permission to more than four individuals, please list all required information on the back of this form)

1. Name _____ Relationship to Student _____

2. Name _____ Relationship to Student _____

3. Name _____ Relationship to Student _____

4. Name _____ Relationship to Student _____

RETURN THIS FORM TO THE REGISTRAR'S OFFICE