



Request to Release Personally Identifiable and Confidential Information

The Family Educational Rights and Privacy Act (FERPA) requires the Student Affairs Office to release detailed information to only the student. The student may, however, voluntarily waive their privacy rights to the person(s) they choose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's social interactions and/or behavioral issues, should any arise. This waiver will be in effect until the Student provides a written request to remove/add persons listed.

I, _____ hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing the BPC Student Affairs Office to share any requested information concerning my social or disciplinary file(s) to only the named individuals below:

Name Contact Number

Name Contact Number

Student's signature: _____

Social Security Number: _____

Date: _____