



# Authorization for Release of Student Information

Government issued picture ID is **REQUIRED** with this form.  
Please submit this completed form in person to the Records Office.

**Student Information** (please print clearly):

\_\_\_\_\_   
 First and Last Name

\_\_\_\_\_   
 Belmont ID#

I give permission to Belmont College to release the selected information below to the following individual(s) without my further consent:

\_\_\_\_\_   
 First Name Middle Last

\_\_\_\_\_   
 Relationship

\_\_\_\_\_   
 First Name Middle Last

\_\_\_\_\_   
 Relationship

\_\_\_\_\_   
 First Name Middle Last

\_\_\_\_\_   
 Relationship

**\* NOTE:** Certain information cannot be released over the phone; you may have to provide photo identification in person for release of information.

**Types of Information to Release:**

**All Information**

**Admission**      Dates of application, programs selected, documents received, admission status

**Academic Records**      Enrollment, attendance, transfer records, degree(s) awarded, transcripts

**Financial Aid**      Application information, eligibility, awards, disbursements, Satisfactory Academic Progress

**Student Account**      Billing, balances, charges, payments, payment plans, collection activity

By signing below, I understand that the student records information listed above includes information regarding me which is classified as private under the Federal Family Education Rights and Privacy Act. I understand that by signing this authorization, I am giving permission to Belmont College to release information to the individual(s) named above which would otherwise be private and not assessable to them. I am giving this consent freely and voluntarily.

\_\_\_\_\_   
 Student Signature

\_\_\_\_\_   
 Date

**The above authorization remains in effect until revoked by the student by signing below:**

I request to rescind my authorization to release information to the above named individual(s).

\_\_\_\_\_   
 Student Signature

\_\_\_\_\_   
 Date