

Bay Mills Community College



AUTHORIZATION TO RELEASE STUDENT INFORMATION

Federal law prohibits BMCC from discussing your information with anyone, unless authorized in writing by you. This authorization is effective until you graduate or cancel the release.

Section I – Student Information

Student's Name _____ Phone _____

Student ID number _____

Section II – Authorization Information

I authorize only the person or persons listed to receive my information:

Name _____ Name _____

I authorize BMCC to release the following information: (Check all that apply)

- Financial Aid Information: Satisfactory Academic Progress, GPA, FAFSA info, Award Amounts
- Student Account Information: Account Balances, Account Charges, Billing, Payments, Refunds
- Student Registration Information: Class Schedule, Grades, Grade Point Average
- Student Transcript Ordering

I certify that I have authorized the release of my information to the individual(s) listed above.

Student Signature _____ Date _____

Cancellation of the Release of Student Information

I request cancellation of this release.

Student Signature _____ Date _____

You may request cancellation of this release at any time. If you wish to reinstate the release in part or in whole, you must fill out another authorization form.

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