



BACONE COLLEGE

FERPA Release

Student Name _____ SS# _____
Address _____
City _____ State _____ Zip _____
Telephone _____

I authorize Bacone College to communicate, orally and in writing, with my parents or legal guardian on any academic, disciplinary and financial matter relating to my education at Bacone College. I further authorize the College to release any and all information relating to such matters to my parents or legal guardian. I fully understand that I am waiving my right to object to the release and provision of all such information by reason it being personal, privileged information or any other grounds.

Names of those I authorize to receive the above authorized information.

1. _____
2. _____
3. _____
4. _____

Student's Signature

Date