

BLUEFIELD UNIVERSITY



Student Information Release Form

Student Name: _____
(print clearly)

Date: _____

Date of Birth: _____

Student ID #: _____

FERPA Policy

Bluefield University respects the privacy of its students; therefore, the agents and employees of the college strictly adhere to the *Family Educational Rights and Privacy Act of 1974 (FERPA)*.

Bluefield University maintains the following directory information: name, address, hometown, high school attended, previous or future institutions of study, parents'/guardians' names and hometowns, telephone listing, electronic mail address, photograph or video clip, date and place of birth (student age), dates of attendance, class year, major field of study, degrees, honors, and awards received, grade point average (in recognition of achievement), research or special curricular projects, weight and height of members of athletic teams, athletic record, and participation in officially recognized activities and sports.

The primary purpose of the directory information is to allow the University to include this type of information from your education record in certain college publications. Examples include: college directory; yearbook; honor roll or other recognition list; graduation programs; news/publicity releases; and sports activities list, showing weight and height of team members. The act provides student directory information that can be made available unless the student makes a written request to withhold directory information (contact - Registrar's Office for additional information).

No other information will be made available unless the student gives Bluefield University written permission to release information to specific individuals regarding academic progress, student conduct, and financial affairs. This includes student account balances, financial aid awards, income, and/or expected family contribution. An exception may include notification of appropriate individuals in a health or safety situation or if a student meets the IRS Code definition of a dependent.

For each individual below, indicate according to the following definitions:

Add | I hereby grant Bluefield University employees and representative's permission to release information about my academic progress, student conduct, and financial affairs to the following persons. I understand that my permission remains in effect until such time as I revoke it in writing.

Remove | I hereby revoke Bluefield University employees and representative's permission to release information about my academic progress, student conduct, and financial affairs to the following persons.

Academic/Student Data | Includes attendance, grades, student progress, etc.

Financial Data | Includes financial aid and student accounts.

Please apply the permission changes to the following individual(s) as indicated:

<p>Name: _____</p> <p>Email: _____</p>	<p>Relationship: _____ <small>(to student)</small></p> <p>Phone: _____</p>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Academic Only <input type="checkbox"/> Financial Only <input type="checkbox"/> Both
<p>Name: _____</p> <p>Email: _____</p>	<p>Relationship: _____ <small>(to student)</small></p> <p>Phone: _____</p>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Academic Only <input type="checkbox"/> Financial Only <input type="checkbox"/> Both
<p>Name: _____</p> <p>Email: _____</p>	<p>Relationship: _____ <small>(to student)</small></p> <p>Phone: _____</p>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Academic Only <input type="checkbox"/> Financial Only <input type="checkbox"/> Both

Student Signature: _____

Return to: BC Central
 Bluefield University
 3000 College Ave
 Bluefield, VA 24605
 Fax 276.326.4356