

Rock Valley College

AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Family Education Rights and Privacy Act (also known as The Buckley Amendment), which requires that colleges and universities protect the privacy of student records, it is Rock Valley College's policy **NOT** to release certain information to anyone other than the student, unless the student has given Rock Valley College express consent to do so. If you would like anyone other than yourself to have access to your information, please complete this form in the Records and Registration Office. You must provide the valid Driver's License or State ID number for whomever you are granting student information to. Your information will not be released without verification of the provided Driver's License or State ID number.

Check the boxes below to indicate which type(s) of information you authorize to be released.

NOTE: If **NO** boxes are checked, we will assume that **ALL** categories of information can be released to the persons listed on this form. **If you do not complete this form and return to the Records and Registration Office, information WILL NOT be released to anyone other than yourself.**

I, the undersigned, authorize Rock Valley College to release any information from the categories checked below to the person(s) I designate on this form. I understand that I must complete a new Authorization to Release Information form each year that I attend Rock Valley College. **Note: Information will not be provided over the phone.**

Please check all that apply:

- Student Accounts (Billing Information, Charges, etc.)
- Financial Aid
- Academic Records
- Attendance
- Class Schedule
- Academic Probation Information
- Disciplinary Action Information
- Tutoring Received
- Mental Health Act Disclosure

STUDENT NAME (Printed): _____ STUDENT ID: _____

STUDENT SIGNATURE: _____ DATE: _____

Release information to the following:

NAME (#1): _____ **RELATIONSHIP TO STUDENT:** _____

ADDRESS: _____ **PHONE:** _____

Driver's License or State ID Number: _____
(Required – used for verification purposes)

NAME (#2): _____ **RELATIONSHIP TO STUDENT:** _____

ADDRESS: _____ **PHONE:** _____

Driver's License or State ID Number: _____
(Required – used for verification purposes)