

Baptist Health College Little Rock FERPA Release Form

I hereby grant Baptist Health College Little Rock permission to release information from my records to the third parties listed below. I understand that this permission will remain in effect until canceled.

I hereby rescind permission to release information from my records which was authorized in previous FERPA release forms.

Type of information to release:

- All records Academic Student Account Financial Aid
- Grievance/Corrective Action Other _____

Student's Name (Please Print)

Student ID Number

Student's Signature

Date

Please provide a password for each approved third party listed below. For verification purposes, BHCLR will require the password if the person/organization requests information from your records. Only information checked above may be provided to the third party, unless specifically stated in writing, and fees may apply where applicable. It is your responsibility to inform the third party of these requirements and provide a password for verification purposes.

Name of Person/Organization

Relationship

Password

Name of Person/Organization

Relationship

Password

Name of Person/Organization

Relationship

Password

Receipt Acknowledged by

Date