

FERPA Financial Information Release Form (College students only)

In compliance with the Family Educational Rights and Privacy Act of 1974, Bard College at Simon's Rock does not release information about College students' financial records to anyone other than the student, unless the student has a signed consent form on file with the Student Accounts Office. By completing the form below, the student is allowing their financial records to be discussed and/or released to individual(s) noted.

Student Name: _____ Student ID: _____

Authorized Individuals

I authorize the Student Accounts Office, including Financial Aid, to discuss or release financial information about my student account to the following individuals:

(1)

Full Name (first and last): _____ Relationship to student: _____

Organization (if applicable): _____

Email: _____ Phone: _____

(2)

Full Name (first and last): _____ Relationship to student: _____

Organization (if applicable): _____

Email: _____ Phone: _____

Students who work with a consultant, bank or trust, or other external organization should include the representative(s) name(s) here if those individuals will be contacting the Student Accounts Office directly.

Monthly Account Statements

I understand that the monthly account statements will be mailed to my permanent address on file. Students whose permanent address is not in the U.S. will have their monthly statements emailed to their Simon's Rock email address and any authorized individuals named in the top section of this form.

Optional: If you would like a second copy of the monthly statement to be mailed to a second U.S. address, please provide that address here:

Street Address: _____

City: _____ State: _____ Zip: _____

College Student Authorization

The student's signature on this form gives consent to employees of Bard College at Simon's Rock to release financial information to the individual(s) listed. Students may request a change to this authorization by providing an updated FERPA Information Release Form at any time.

Signature _____ Date: _____