



Student Last Name

First Name

M.I.

Butler ID Number

Example: @00111111 or Z00011111

Authorization for Release of Information

The Family Educational Rights and Privacy Act of 1974 (FERPA) affords certain rights to students concerning the privacy of, and access to, their educational records. Students may choose to complete and submit this form to the Registrar's Office, allowing the release of their educational records to third parties. Please note that while this form authorizes Butler representatives to release educational records to specified third parties, it does not obligate Butler to do so. Butler reserves the right to review and respond to requests for release of educational records on a case-by-case basis.

I, the undersigned, hereby authorize representatives of Butler Community College to release the following records and/or information (please check all that apply):

_____ **All Record Types Listed Below (AL) OR check mark below for individual department records.**

_____ **Financial Aid Records (FA)** - excludes income information. May include: status of file, aid offers and disbursement of funds information, Satisfactory Academic Progress status, and any other information contained in the application or financial aid file.

_____ **Academic Records (RG)** May include: grade information, admission and registration information, academic advising information, schedule documentation contained in the academic records.

_____ **Student Account Records (AR)** May include: amount for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records.

_____ **Instructor/Classroom Records (IC)** May include: attendance, progress reports, test and homework scores if available.
Please Note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. Instructors are not required to have conversations about progress with anyone other than the student.

_____ **Housing/Dorms (HD)** May include: housing contract information, housing placement, and additional housing charges (fees, fines, etc.)

_____ **Other (OT) (Please Specify)** _____

Please Note: Records for counseling are considered medical records and are not covered under FERPA regulations. A separate release form must be obtained from that department.

Name of Person(s) to whom access to educational records may be provided:

Cell phone of contact - will be required to contact BCC from this number to verify identity:

Relationship to student:

By signing below I understand that:

- ✓ This authorization to release information will remain in effect for four years from the signature date unless I revoke the authorization by submitting a written request to the Registrar's Office before that date.
- ✓ This authorization is for informational purposes only. It does not provide authorization to conduct business on the student's behalf (enroll in classes, withdraw from classes, accept Federal Aid, etc.).
- ✓ This is not a transcript request or enrollment verification form.

PLEASE SIGN IN INK

Signature: _____

Date: _____

Return this form to:

Butler Community College
Registrar's Office • 901 S Haverhill Road • El Dorado, KS 67042
Secure Document Upload: butlercc.edu/registraruploads
Email: registrar@butlercc.edu
Phone: (316) 322.3123