Goldey-Beacom College

4701 Limestone Rd · Wilmington, DE 19808 · (302) 998-8814 · fax (302) 998-8631 · registrar@gbc.edu

STUDENT INFORMATION RELEASE FORM

I, _____ Student ID:_____,
First Middle Last

hereby authorize **Goldey-Beacom College** to release the following information about myself regarding:

❑ **ALL ACADEMIC RECORDS**	❑ **ALL ACCOUNT RECORDS**	❑ **ALL FINANCIAL AID RECORDS**	❑ **ALL STUDENT LIFE RECORDS**
or only these specific items: ❑ Academic Standing (AS) ❑ GPA (GPA) ❑ Grades (G) ❑ Graduation (GRAD) ❑ Registration/Enrollment (RE)	**or only these specific items:** ❑ Account Balance (AB) ❑ Account Transactions (AT)	**or only these specific items:** ❑ Aid Eligibility (AE) ❑ FAFSA (F) ❑ Grants (G) ❑ Loans (L) ❑ Scholarships (S)	**or only these specific items:** ❑ Discipline/Behavior (DB) ❑ Housing Room Assignment (RM)

To the following individual(s) upon their request:

1. _____ _____
Printed Name Relationship to Student

_____ _____
Address Phone number

2. _____ _____
Printed Name Relationship to Student

_____ _____
Address Phone number

I understand that:

1. this information is considered a student education, financial, and/or student life record.
2. by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA).
3. this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent.
4. if I wish to make any changes to my consent for release, I will need to complete and file a new form.
5. **the authorization on this form will supersede all prior authorizations for release of my information.**

I certify that my consent for disclosure of this information is entirely voluntary.

_____ _____
Student's Signature Date

❑ I wish to **revoke** all consent for release of information _____
Student's Signature / Date