

Keweenaw Bay Ojibwa Community College

Student Authorization for
Disclosure of Information in
Education Records

To: Registrar, Keweenaw Bay Ojibwa Community College

From: _____
Student's First Name Middle Initial Last Name

Permanent Street Address City State Zip Code

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I consent to the disclosure of any personally identifiable information from my education records to the following individuals or organizations, for reasons determined by the Keweenaw Bay Ojibwa Community College as appropriate. This authorization will remain in effect until authorization is revoked in writing.*

Signature: _____ Date: _____

Authorization: I hereby authorize the Keweenaw Bay Ojibwa Community College to disclose my educational record to the following individuals/organizations.

1. KBIC Education Program

2. _____
Name(s)

Address

City, State, Zip

Telephone Email

3. _____
Name(s)

Address

City, State, Zip

Telephone Email

*Cancellation: I hereby revoke authorization from the Keweenaw Bay Ojibwa Community College to disclose my educational record to the preceding individual/organizations.

Student Signature Date

Witness Signature Date