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"Catch Your Dream Through a Superior Education"
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. _____

3. _____

Name(s) _____

Name(s) _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Telephone _____

Email _____

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:** _____