

INSTRUCTIONS

Please complete each section below, sign and return form, along with valid picture ID to any BMCC location. To ensure privacy and security of our student's records, Forms **will only be accepted with valid picture ID** unless the form is being mailed to us. If sent by mail, must be from the address on record in our system.



By Mail: Blue Mountain Community College, 2411 NW Carden, Pendleton, OR 97801
By Email: getinfo@bluecc.edu (must include copy of valid picture id)
By Fax: 541-278-5871 (must include copy of valid picture id)

Note: Blue Mountain Community College (BMCC) must follow all applicable state and federal (FERPA) laws, rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court or competent jurisdiction. This authorization is effective as of the date below and is effective until revoked in writing by the undersigned student.

PERSONAL INFORMATION

BMCC ID _____ - _____ OR SSN _____ - _____ - _____
Last Name _____ First Name _____ Date of Birth ____/____/____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Email Address _____ @ _____ Home/Cell Phone (____) _____ - _____

Student Records to be Disclosed

Mark one (1) of the options listed below:

- All Student and Billing Records
- Student Records (Example: grades, term schedules, registration information, enrollment history, etc)
- Billing Records (Example: student account information)
- Other _____

Purpose of Disclosure

Indicate below purpose of disclosure:

- Employment or Housing
- Admission to other college
- Scholarship/Financial Assistance
- Insurance or Other

Person, Company or Agency to Release Information To

Name of Person, Company or Agency: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____ Phone Number (____) _____ - _____

STUDENT SIGNATURE - REQUIRED

I hereby authorize BMCC to release confidential information about me contained in my BMCC student records. I agree to hold BMCC and it employees harmless for any unauthorized use of my student records obtained by the above named party (ies). **I understand that this authorization is to remain in place until rescinded in writing.**

Signature _____ Date ____/____/____

AUTHORIZATION TO RELEASE INFORMATION FORM