



**BOYCE
COLLEGE**

A school of The Southern Baptist Theological Seminary

Authorization for Release of Information

Please complete one of the following sections below in its entirety. Written consent must be on file prior to the release of academic information. In accordance with the Family Educational Rights and Privacy Act of 1974, academic information is considered confidential, and its release, with certain exceptions, requires the written permission of the student.

Name of Applicant/Student _____ Date of Birth ___/___/___ SSN: ___-___-___

I do not authorize the personnel of Southern Seminary and Boyce College to release information to any individual besides myself as regulated by the Family Education Rights and Privacy Act of 1972 (FERPA).

Signature _____ Date _____

I hereby authorize the personnel of Southern Seminary and Boyce College to release information to the persons listed below regarding my standing in the following areas (only those checked will be released). By signing this consent to release information, I agree not to hold any of the above parties liable for discussions pertaining to my standing in the institution. I may file a written revocation of this agreement at any time, although it will expire July 31, _____.

Signature _____ Date _____

Name of Person

Admissions Status

Academic Status

Relationship

Financial Standing

Personal Conduct

Name of Person

Admissions Status

Academic Status

Relationship

Financial Standing

Personal Conduct

Name of Person

Admissions Status

Academic Status

Relationship

Financial Standing

Personal Conduct

Authorized Staff Signature

Date