



Date: _____
MM/DD/YYYY

Butler ID# (if available): _____

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I authorize and give permission to the following individual(s):

(First Name) (Last Name) (Email address or/and phone)

(First Name) (Last Name) (Email address or/and phone)

(Check as many as may apply.)

___to act on my behalf concerning my admission requirements for Butler Community College, El Dorado, Kansas. This includes but not limited to inquire about documents received, and sending email to said person.

___and/or to pick up my I-20 from the college when it is issued.

___to receive information concerning my enrollment and progress while enrolled at Butler Community College. This information may include such records as attendance, grades and grade point average, student standing, and payments collection or needing to be collected. This authorization will *NOT* give the individual access to my pipeline@butler account.

NOTE: Because of FERPA (Federal Educational Right to Privacy Act) requirements, this release will not allow the individual to request any written information about me that could be released to a third party.

PLEASE SIGN IN INK!

(Print Name)

(Signature) (Date)

Copies of this authorization are as valid as the original releases signed by me. This authorization is valid for two (2) years from my signature date.