



**Bucks County Community College**  
Department of Public Safety Training and Certification

1760 South Easton Road  
Doylestown, PA 18901  
Ph: 215.340.8417  
Fax: 215.343.6794  
[www.bucks.edu/publicsafety](http://www.bucks.edu/publicsafety)

**STUDENT CONSENT TO RELEASE EDUCATION RECORDS**

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the Bucks County Community College is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition, and fees assessments, financial aid (including your grants, scholarships, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited to your parents, your spouse, employer or sponsor.

I, a Bucks County Community College student (***As entered in Section A below***) at my discretion, grant the Bucks County Community College permission to release information about my student records to a Third Party Agency (***As entered in Section B below***) by submitting this completed Student Consent to Release Educational Records authorization. The specified information will be made available only if requested by the Third Party Agency. The College does not automatically send information to a third party.

Please note that this authorization to release information has no expiration date; however, I may revoke this authorization at any time in writing to the Bucks County Community College.

**Section A: Student Information**

<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b>		<b>BCCC STUDENT NUMBER</b>	
XXX - XX -		/ /			
<b>LAST NAME</b>			<b>SUFFIX</b>	<b>FIRST NAME</b>	
<b>WORK (day-time) PHONE NO.</b>		<b>HOME (night-time) PHONE NO.</b>		<b>CELL PHONE NO.</b>	
<b>ADDRESS (Street Address or Postal Box Address)</b>					<b>APT#/UNIT#</b>
<b>CITY</b>			<b>STATE</b>	<b>ZIP CODE</b>	
<i>For International Addresses please use the open line below for City, State or Providence, Postal Codes and Country.</i>					

**Section B: Third Party Agency/Designee (Receiving Agency)**

<b>THIRD PARTY AGENCY (Agency you are granting permission to)</b>					
<b>THIRD PARTY DESIGNEE (Person, if applicable, to the Agency you are granting permission to)</b>					
<b>WORK (day-time) PHONE NO.</b>		<b>CELL PONE NO.</b>			
<b>ADDRESS (Street Address or Postal Box Address)</b>					<b>APT#/UNIT#</b>
<b>CITY</b>			<b>STATE</b>	<b>ZIP CODE</b>	
<i>For International Addresses please use the open line below for City, State or Providence, Postal Codes and Country.</i>					

Revised: July 01, 2011





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**Section C: Authorization**

I, the Bucks County Community College Student listed in Section A, authorize the third party named in Section B, access to my student records and/or account information. This authorization does not permit the third party to make changes to my records or account information.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

**Section D: Authorization Revoked**

I, the Bucks County Community College Student listed in Section A, hereby revoke the consent granted to the third party named in Section B. Revocation of Consent is not valid until received by the Bucks County Community College at 1760 South Easton Road, Doylestown, PA 18901.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

***For Office Use Only:***

*Authorization Received:*

*Authorization Revoke Received:*

\_\_\_\_\_

\_\_\_\_\_

**Revised: July 01, 2011**

