Information Disclosure Authorization

The purpose of this form is to allow the student to grant access to a selected person(s) or entity representative(s) to some, or to all of the student’s allowable educational records and information.

**Photo ID is required when form is submitted.**

Original form only no faxed or photo copies will be accepted.

New ____
Modify ____
Cancel ____

I, ___________________________________________ x ________________________

(Student Name) (Student ID Number)

authorize Linn-Benton Community College officials to provide

_________________________________________________

(Individual/Relationship or Agency/Representative)

with the following information.

If applicable, this form will override the Directory Delete form submitted to Linn-Benton Community College for ONLY the person(s) or entity representative(s) mentioned on this form and for ONLY the Areas selected.

_____ Veterans  _____ Class Schedule  _____ Transcripts
_____ Grades  _____ Financial Aid  _____ Billing Information

_____ Other: ____________________________________________________________

This consent expires: _________________________ (mm/dd/yyyy) or a maximum of 2 years from the date signed.

This consent to disclose information may be revoked by me in writing at any time. Disclosure by the above named person or agency of the information designated here is prohibited without authorized consent of the student.

An ACCESS CODE can be used if the student wishes to grant phone access to the person(s) or entity representative(s).

**ACCESS CODE**

___ ___ ___ ___ ___ ___ ___ ___ ___ ___

6-10 Characters
At least one letter
At least one number
No special characters (@#$%&)

AN ACCESS CODE IS NOT REQUIRED, BUT IF OMITTED, PHONE ACCESS WILL NOT BE ALLOWED.

This code will be used to verify the person(s) or entity representative(s) calling into Linn-Benton Community College for student information. If omitted, the person or entity representative must come into the college, and show ID, in order to receive the information.

_________________________________________                   ___________________

(Signature of Student) (Date Signed)

It is the student’s responsibility to submit a completed and correct Information Disclosure form to Linn-Benton Community College to grant access to person(s) or entity representative(s) they wish to have access to their personal information. It is the responsibility of the student to indicate the length of time this form will stay in effect, not to exceed the maximum time limit of the form. It is the responsibility of the student to submit any changes or cancellations to Linn-Benton Community College by completing a new Disclosure Information form. If an ACCESS CODE is used, then it is the responsibility of the student to create the code, distribute the code to the correct person(s) or entity representative(s), and to keep the code secure so that unauthorized person(s) or entity(s) are unable to use the code. Linn-Benton Community College will ONLY disclose the ACCESS CODE to the student, in person, with valid ID.