

# Student Account Information Release Form

In compliance with the Family Educational Rights and Privacy Act of 1974, Bard College does not release information about students' financial records to anyone other than the student, unless the student has a signed consent form on file with the Student Accounts Office.

By completing the form below, you (the student) are allowing your financial records to be discussed, and or released, to the individual(s) named below. After completing this form, please return to the following address:

Bard College  
Office of Student Accounts  
PO Box 5000  
Annandale-on Hudson, NY 12504

I, \_\_\_\_\_, a student attending Bard College, hereby waive my right to exclusive access to all information regarding my student account to the following individual(s):

- 1) \_\_\_\_\_ Relationship \_\_\_\_\_
- 2) \_\_\_\_\_ Relationship \_\_\_\_\_
- 3) \_\_\_\_\_ Relationship \_\_\_\_\_
- 4) \_\_\_\_\_ Relationship \_\_\_\_\_

Student Signature: \_\_\_\_\_ ID#: \_\_\_\_\_

Date: \_\_\_\_\_

This information will remain on file, and be considered current unless an updated form is received. In the event that you would like to make any changes, please complete a new form and provide it to the Student Accounts Office with the updated information.