



**OFFICE OF THE REGISTRAR  
STUDENT CONSENT FOR ACCESS TO STUDENT RECORDS**

According to the Family Educational Rights and Privacy Act (FERPA), students must give school consent to disclose his or her educational records. The consent must be signed and dated. This consent acknowledges your rights and privacy. This form gives the Office of the Registrar at American Baptist College permission to release your (the student) education records to specified individuals/third parties whom you identify by listing them below. Your educational records **will not** be discussed with anyone outside of the schools' officials who have legitimate educational interest, and those with who consent is not required.

**Education Records to be released:**

- ❖ **Full Access** (includes: **Academic**-grades, registration, student ID number, academic progress, enrollment status; **Financial Aid**-awards/loans, disbursements, eligibility, financial aid academic progress/SAP; **Student Account**-billing statement charges, credits/payments, past due amounts, payment activity, collection activity)
- ❖ **Limited Access** (please indicate which records you give consent)  
 Academic       Financial Aid       Student Account

**Please print the name(s) of the individuals to whom access to education records may be provided and circle which access.**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ **Full/Limited**
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ **Full/Limited**

**To Rescind Access to third-party designees, please print legibly and sign below.**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

*I understand that (1) I have the right to consent to release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Registrar.*

\_\_\_\_\_  
Student Name (Please Print) Last 4 of SSN #

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Guardian Signature (if student under 18) Date

Completed forms should be submitted in person, by mail, or via fax to: American Baptist College, Office of the Registrar, 1800 Baptist World Center Drive, Nashville, TN 37207. Fax: (615)226-7855