

Bethel University
Release of Information Form

I, _____, consent _____ do not consent _____
to the release of my education records to my parent(s) or guardian(s) listed below for the purpose
of keeping them informed about my education for my college course at Bethel University.

I understand that education records include, but are not limited to, information about my
academic standing, disciplinary issues and financial obligations to the College. I acknowledge
that I may submit a subsequent notification in writing directing the College to no longer release
information to any or all of the individuals listed below. Bethel University is authorized to
release information to the following individuals (please print clearly):

Name

Relationship to student

Name

Relationship to student

Name

Relationship to student

Student's Name (printed)

Student's Signature

Student's Bethel ID#

_____/_____/_____
Date