PLEASE READ DIRECTIONS CAREFULLY BEFORE COMPLETING

In accordance with the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA) and other federal privacy regulations, students have the right to provide written consent before Covenant discloses personally identifiable information from the student’s educational records, except to the extent that FERPA authorizes disclosure without consent. This form must be signed by the student in order to complete the application process for attendance. Please note: You must specify in the financial information section below any organization outside the college that may need access to your billing information in order to pay scholarship monies or make payments to your account (i.e. MTW and other missions agencies, TX Tuition Plan, Alabama PACT, Florida Prepaid Plan, employers, etc.).

I, ____________________________________________________, hereby instruct Covenant College to release information as indicated below by my signature. I acknowledge that this form will be considered valid for all terms of enrollment unless I submit a revised form to the Office of Records.

Please initial one of the following:

_______  Covenant College may not release information to any individual or organization, including my parents, except to the extent that FERPA authorizes disclosure without consent.

_______  Covenant College may release information to the following people or organizations:

This must be initialed and names listed below in order to release information to your parents.

Academic information (list specific names of individuals and/or organizations):

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Financial information (list specific names of individuals and/or organizations):

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Parent(s) email address for monthly e-bill ____________________________________________________________ (without the release of financial information to your parents, Covenant will not bill them electronically)

Signature: ___________________________________________ Date: __________________________