

First Degree Participation and Information Release Form

STUDENT NAME: _____
Last First Middle

Student Address: _____
Street City State Zip

Bay Path University ID# _____

IN ACCORDANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

I authorize the release of the following student records that are protected under the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, 1974, and all related amendments, for the time period indicated, to the individual/organization listed below:

Item(s) to be released: _____ 1. Copy of my academic transcript each semester

Release information to:

Holyoke Community College
Transfer Office
303 Homestead Ave.
Holyoke, MA 01040

Student Signature

Date

Please return this form to:

Mark Broadbent
Coordinator of Transfer Affairs
303 Homestead Ave.
Holyoke, Ma 01040