



Family Educational Rights and Privacy Act (FERPA) Financial Release/Responsibility Form

Financial Release

Initially known as The Education Amendments signed into federal law by President Gerald R. Ford on August 21, 1974, out commonly referred to as the “Buckley Amendment” in honor of its prime sponsor, Senator James Buckley of New York, the Family Educational Rights and Privacy Act, as amended, is the foundation of students’ privacy rights and confidentiality of student records.

According to this federal law, once a student reaches the age of 18 or is enrolled in a post-secondary institution, his or her parents no longer have rights to student information unless the student provides written consent. FERPA applies to “any public or private agency or institution which is the recipient of funds under any applicable program of the U.S. Department of Education,” and being included in this definition. Beacon College strives to maintain strict compliance with its regulations. Failure to comply with FERPA guidelines could result in termination of all federal funding, as determined by the U.S. Secretary of Education.

This release form allows access to your financial records for the purpose of assisting you with the financing of your education at Beacon College. For verification purposes, anyone listed on this form will be asked – whether in person or by telephone – any combination of your name, address, date of birth, Student ID number or Social Security Number. Anyone listed on this form that is able to verify such information will be allowed access to your personal financial records at Beacon.

I, (student’s printed name) _____, hereby grant my consent for the following to have access to my financial records at Beacon College and to receive email notifications of my ebill (electronic statement of account):

_____ Name	_____ Relationship to Student	_____ Email Address
_____ Name	_____ Relationship to Student	_____ Email Address
_____ Name	_____ Relationship to Student	_____ Email Address
_____ Name	_____ Relationship to Student	_____ Email Address
_____ Student’s Social Security Number	_____ SONIS ID Number	

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Financial Responsibility

I acknowledge that my registration at Beacon College involves my assumption of a definite financial responsibility. I understand that I am responsible for all costs, fees, and charges incurred and agree to remit payment accordingly. If I do not make the required payment and my account becomes an unpaid debt, I realize that I may be prevented from registering for classes in future terms, assigned priority housing and obtaining official documents such as transcripts enrollment verification letters and diplomas. I further understand and agree that if my account is not paid in full, it could be turned over to an outside collection agency and/or reported to the credit bureau. If such action is required, I will be liable for collections fees and any court costs associated with such action.

I acknowledge by my signature that I authorize the College and its respective agents or contractors to contact me regarding payment of my account at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

Student Signature

Date