

DETC: POST Account Number:		Butler ID Number:		
Last Name	First Name	MI		
Address			PO Box	
City	State	Zip		
Home Phone	Cell Phone			
Email Address			Date of Birth	
High School	Graduation (month/year)		ear)	
	AUTHORIZATIO	ON FOR RELEAS	SE OF INFORMATION	

The Family Educational Rights and Privacy Act of 1974 (FERPA) affords certain rights to students concerning the privacy of, and access to, their educational records. Students may choose to complete and submit this form to the Registrar's Office, allowing the release of their educational records to third parties. Please note that while this form authorizes Butler representatives to release educational records to specified third parties, it does not obligate Butler to do so. Butler reserves the right to review and respond to requests for release of educational records on a case-by-case basis.

I, the undersigned, herby authorize representatives of Butler Community College to release the Police Officer Selection Test Scores.

Person(s) to whom access to educational records may be provided to the following agencies:

I understand that:

- This authorization to release information will remain in effect for four years from the signature date unless I revoke the authorization by submitting a written request to the Registrar's Office before that date.
- This authorization is for informational purposes only. It does not provide authorization to conduct business on the student's behalf (enroll in classes, withdraw from classes, accept Federal Aid, etc.).
- This is not a transcript request or enrollment verification form.

PLEASE SIGN IN INK

Signature: _____

Date:

Return this form to: Butler Community College Registrar's Office 901 S Haverhill Road El Dorado, KS 67042 316.322.3123 or 316-322-3223 Email: registrar@butlercc.edu or testing@butlercc.edu