

Bon Secours Memorial School of Nursing Student
Authorization to Permit or Terminate Access to Information

Section A

By signing Section A of this form, I give permission to the person(s) listed below to participate in a discussion of my financial and/or academic matters including my performance at the Bon Secours Memorial School of Nursing.

I understand my rights under the Family Educational Rights and Privacy Act and may revoke my authorization at any time by submitting my request to terminate such permission in writing.

Circle One	Name	Relationship
Add or End		
Add or End		
Add or End		
Add or End		
Add or End		

(print name)

(student signature)

(date)

Section B

I **DO NOT** give permission to anyone (other than authorized agents of the School) to access to my financial and/or academic matters including my performance at the Bon Secours Memorial School of Nursing.

(print name)

(student signature)

(date)

Director of Enrollment: Input & File