



**COVENANT
COLLEGE**

Release of Information Form:

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 must approve any release of academic, financial or medical information by the college. No information regarding academic records, financial charges, financial aid or payments may be released to parents, spouses or any other person or organization, except for those individuals or organizations specified in the release below. These acts do not make any exception for children who are legal adults but are still tax dependents. This form must be signed by the student in order to complete the registration process for attendance. Please note that you need to include for release any organization outside the college that may need access to your billing information in order to make payments, such as missions agencies or employers.

I, _____, hereby instruct Covenant College to release information as indicated below by my signature. I acknowledge that my form will be considered valid for my term 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.

_____ 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 only *specific names* of individuals and/or organizations):

Medical information (list only *specific names* of individuals and/or organizations):

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

Parent's email address for monthly e-bill _____

Signature: _____ Date: _____

*Please return to:
Records Office
Covenant College
14049 Scenic Highway
Lookout Mountain, Georgia 30750*

*Phone: 706-419-1134
Fax: 706-419-1179*