

Consent for Release of Information

I, _____ [Click here to enter text.](#), authorize Bermuda College to accept requests and release the information identified below:

My Academic Records

My Financial Records

To:

Organization:	
Contact Person:	
Parent(s)	
Father:	
Mother:	
Guardian / Next of Kin:	

This Consent for Release of Information expires:

Only while a student

Upon completion of Programme

On this date: DD / MMM / YYYY

I am able to revoke this consent, in writing, at any time to serr@college.bm

My signature below indicates that I have read this form and/or had it read to me. I know what information is to be disclosed and I am aware of all consequences related to the disclosure of the said information.

<i>Student ID#:</i>	<i>Student's Signature:</i>	<i>Date:</i>