



**Student Authorization –FERPA
(Family Educational Rights and Privacy Act)**

I, _____, authorize the Office of Business Affairs of Anna Maria College to discuss my student account with the following individuals listed herein for the purpose of clearing my account balance. I further acknowledge I can rescind this authorization at any time in writing.

_____	_____	_____
Student Name	Student ID #	Date

Student Signature

_____	_____
Name	Relationship

_____	_____
Name	Relationship

_____	_____
Name	Relationship