ANNA MARIA
COLLEGE

2008-2009

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

Office of Business Affairs, 50 Sunset Lane, Box R, Paxton, MA 01612-1198
508-849-3425