



Authorization to Transmit Information Electronically

Transmission of Data digitally and electronically allows Harrison College to communicate in a more efficient and timely manner with students (and others authorized by the student).

Name: _____ Campus Location: _____

Social Security #: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

By signing, I authorize Harrison College to communicate information verbally, written, and electronically with me.

Applicant's Signature	Date
-----------------------	------

Harrison College complies with federal and state privacy laws and regulations. Those who gain access to information that has been submitted electronically are staff and faculty at the College who need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state and federal law. No one else may review your information without your written consent or a subpoena or court order. Further, please reference the information in the Harrison College Student Catalog regarding FERPA and your rights under this law.

If you want Harrison College to give information to someone else, such as parent, spouse, other relative, or friend, you must complete this section of this application. Information released can include, but not limited to, account information, grades, attendance records, schedules, and/or school statuses. If you give someone else access to your records, that person may be able to help us process your information in a timely manner. This authorization does not apply to requests for official transcripts. If you decide to cancel this permission at a later date, your written and signed letter needs to be provided to Harrison College to that affect, as it will be placed in your academic file along with a copy of this form.

I give Harrison College Permission to communicate information verbally, written, and electronically with:

Name:	E-Mail Address:	Phone Number:	Information to Release:

Applicant's Signature	Date
-----------------------	------

This Authorization will terminate by submitting written request to withdraw this consent to Harrison College, 500 N. Meridian Street, Suite 500, Indianapolis IN 46204.