

**Procedure Title: Retention and Protection of Records for Students with Disabilities**  
**Procedure Number: 07-2006-0001**  
**Board Policy Reference: IV.A. General Executive Direction**

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**Accountable Administrator: Vice President Student Affairs**  
**Position responsible for updating: Student Health & Wellness Resource Coordinator**

**Original Date: 12/2005**

**Date Approved by Cabinet: 04-12-16**

**Authorizing Signature: *Signed original on file***

**Posted on Web: 04-12-16**

**Revised: 04-12-16**

**Reviewed: 03-16**

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**Purpose/Principle/Definitions:**

In order to preserve confidentiality, all student records associated with Disability Services will be retained in the Student Health & Wellness Resource Center (HWRC) in fire-proof, locking file cabinets.

**Procedures:**

Records will be kept for a minimum of five years after the date the student last attended.

The hard copy files for active students will be kept in locked files in the HWRC office. Inactive student files may be stored in the HWRC office or, alternatively, secured in the Records department files.

Release of Information forms must be signed by the student prior to the release of any information to anyone other than those who have a need to know.

Students may obtain a copy of their file by submitting a request in writing 5 (five) working days in advance. Requests must be signed and dated, and a fee may be charged.

**Special Forms: Authorization to Release Information**

Stat. Auth.: ORS 192 & ORS 357

Stats. Implemented: ORS 192.005 - ORS 192.170 & ORS 357.805 - ORS 357.895

Hist.: OSA 3-1998, f. 8-4-98, cert. ef. 8-5-98

166-450-0125 Student Records, Other



**INSTRUCTIONS**

Please complete each section below, sign and return form, along with valid

picture ID

to any BMCC location. To ensure privacy and security of our student's records, Forms **will only be accepted with valid picture ID** unless the form is being mailed to us. If sent by mail, must be from the address on record in our system.



**By Mail:** Blue Mountain Community College, 2411 NW Carden, Pendleton, OR 97801

**By Email:** [getinfo@bluecc.edu](mailto:getinfo@bluecc.edu) (must include copy of valid picture id)

**By Fax:** 541-278-5971 (must include copy of valid picture id)

**Note:** Blue Mountain Community College (BMCC) must follow all applicable state and federal (FERPA) laws, rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court or competent jurisdiction. This authorization is effective as of the date below and is effective until revoked in writing by the undersigned student.

**PERSONAL INFORMATION**

BMCC ID \_\_\_\_\_ - \_\_\_\_\_ OR SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_ Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Student Records to be Disclosed**

Mark one (1) of the options listed below:

- All Student and Billing Records
- Student Records (Example: grades, term schedules, registration information, enrollment history, etc)
- Billing Records (Example: student account information)
- Other \_\_\_\_\_

**Purpose of Disclosure**

Indicate below purpose of disclosure:

- Employment or Housing
- Admission to other college
- Scholarship/Financial Assistance
- Insurance or Other

**Person, Company or Agency to Release Information To**

Name of Person, Company or Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**STUDENT SIGNATURE - REQUIRED**

I hereby authorize BMCC to release confidential information about me contained in my BMCC student records. I agree to hold BMCC and it employees harmless for any unauthorized use of my student records obtained by the above named party (ies). **I understand that this authorization is to remain in place until rescinded in writing.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION FORM**

