



Bahamas Institute of Business and Technology

Student Consent Form

for

Access and Release of Information

Please complete form and return to:

The Office of the Registrar, Bahamas Institute of Business & Technology, Mackey Street, Nassau, Bahamas

The Bahamas Institute of Business & Technology protects the privacy of student records by prohibiting disclosure without the student's written consent, except where constrained by Law. Students may choose to allow authorized college personnel access to all personal and academic records and release same to specified third person if requested. The student further consents to satisfying any request by the college or authorized third party for in person interview. This consent assumes that such interview is germane to the furtherance of the student's career. Please note that when submitting this form all fields must be completed and the student must sign and date the form. You should also note that while the college will not frustrate and request by students for the release of records, it reserves the right to deny any request by students that may place the college at a disadvantage. This consent for **Release of Information** remains in effect unless canceled by the student in writing

Personal Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Date of Birth	<input type="text"/>	Sex	<input type="radio"/> Male <input type="radio"/> Female	Nationality	<input type="text"/>
Student No:	<input type="text"/>	Major:	<input type="text"/>	Email	<input type="text"/>
P O Box:	<input type="text"/>	Street:	<input type="text"/>	City:	<input type="text"/>
Phone C:	<input type="text"/>	Phone W:	<input type="text"/>	Phone H:	<input type="text"/>

Please note: If you wish to apply for a transcript you should complete the transcript application form at <https://www.bibtbahamas.com/forms> . Please contact the Office of the Registrar at 242-323-2428 Ext 224 with any questions relating to the online process.

Declaration

I understand that I have the right: (1) not to consent to the release of my academic or personal records; (2) to inspect any written record released pursuant to this release, or (3) to revoke this consent at any time by delivering a written revocation to the Registrar.

Student's signature:	<input type="text"/>	Date:	<input type="text"/>
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*(Once the form is completed, please sign, save and email to admin@bibtbahamas.com) attention Office of the Registrar. **Do Not Scan Form***

For Official Use Only

Date Received:	<input type="text"/>	Received By (print name)	<input type="text"/>
Acknowledged by the Registrar:	<input type="text"/>	Date:	<input type="text"/>