



BOCA BEAUTY
ACADEMY
Boca Raton | Parkland

STUDENT RELEASE OF RECORDS FERPA AUTHORIZATION FORM

Family Educational Rights and Privacy Act

The Family Education Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to educational records. FERPA makes provision for inspection, review and amendment of educational records by the student and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed, and dated by the student and must specify records to be released, and the names of the parties to who such records shall be released. FERPA applies to all person's family and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

This authorization is valid until canceled. The student may cancel this release at any time by submitting another FERPA form to the Boca Beauty Academy Registrar's Office.

I _____ give permission to Boca Beauty Academy to release selected items below to the recipient listed for the following below:

Initial on the lines below to indicate which records you wish to make available:

_____ **ALL RECORDS**

_____ **Admission** – Includes date of application, program selected, documents received, documents pending, date of admission, admission status, and conditions of admission.

_____ **Registration** – Includes current enrollment dates of enrollment dates of enrollment activity, enrollment status, clock hours attended, and mailing address information

_____ **Financial Aid** – Includes all general financial aid information such as tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information, and debt information.

Please Indicate Applicable Relationship and specify type: Parent = P; Guardian = G; Spouse = S; Other = O (be specific)

☐ Release To ☐ Cancel

Print Full Name

Relationship

☐ Release To ☐ Cancel

Print Full Name

Relationship

☐ Release To ☐ Cancel

Print Full Name

Relationship

☐ Release To ☐ Cancel

Print Full Name

Relationship

Student Signature:

Date: _____

Print Full Name: