



Consent to Release Information

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA)

A. Student Information

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DAYTIME PHONE #

SCHOOL NAME

B. Authorized Person(s)

NAME (LAST, FIRST)

PHONE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)

NAME (LAST, FIRST)

PHONE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)

C. Student Consent for Release of Information *(Sign in front of Notary Public Official)*

By signing below, I consent to the release of the personally identifiable student information specified above to the authorized person(s) listed in section B. I understand this information will only be provided to the person(s) listed in section B. This consent shall remain in effect through the duration of enrollment with the school listed in section A.

Signature: _____

Date: _____

D. Notary Public

State of _____

County of _____

On _____ (date), before me, _____ (notary's name) personally appeared, _____ (signer's name) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary's official signature)

My commission expires on _____
(date)