



**ZORGANICS INSTITUTE
BEAUTY AND WELLNESS**

FERPA CONSENT TO RELEASE STUDENT INFORMATION

FERPA Consent to Release Student Information To _____

Please provide information from the educational records of _____ (name of student requesting the release of educational records) to: _____ (name of person to whom the educational records will be released, and if appropriate, the relationship to student such as "parents" or "prospective employer" or "attorney"). *Note: this consent does not cover medical records held solely by Student Health Services or the Counseling Center - contact those offices for consent forms.

The only type of information that is to be released under this consent is:

- Transcript
 Disciplinary records
 Recommendations for employment or admissions to other schools
 All records
 Other (specify): _____

The information is to be released for the following purpose:

- Family communications about university experience
 Employment
 Admission to an educational institution
 Other (specify): _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to _____ (name of person listed above as the Institute Official permitted to release the educational records). I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to: _____ (name of person listed above to whom the educational records will be released) for the specific purpose described above.

Student Name (print) _____

Signature: _____

Student's program: _____ Date: _____