

FERPA Release Form

The Family Educational Rights and Privacy Act

Submit this form by faxing to Student Records (510) 231-5155, Finance office (510) 231-5671, or scan and email to *records@kpsahs.edu*. Form may also be delivered to the reception desk at KPSAHS and directed to Student Records.

Student ID Number	Name		
_____	_____		
	Last	First	M.I.

Phone #: _____ Email: _____

I give permission to Kaiser Permanente School of Allied Health Sciences to release the selected information to the recipient listed for the purpose of _____ (i.e. providing access to parents, scholarship application, and reimbursement from employer, transcripts to potential employers or other source, etc.).

AUTHORIZATION TO RELEASE EDUCATION INFORMATION

- ALL RECORDS**
- Student Account** – includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information, and debt information.
- Admission** – Includes dates of application, program selected, documents received, documents pending, date of admission, admission status, and conditions of admission.
- Registration** – Includes current enrollment, dates of enrollment activity, enrollment status, residency status, quarters attended, and mailing address information.
- Academic Records** – Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded, and degrees awarded.
- Financial Aid** – Includes all general financial aid information.

INDIVIDUAL OR CLASS OF PARTIES TO RELEASE INFORMATION TO: (You may add more than one. Enter all of the correct information for each below.)

Individual or Class of Parties	Contact#	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization is valid until canceled. This student may cancel this release at any time by checking the cancel previous release statement and submitting the signed FERPA form to KPSASH Admissions and Records or Business Office.

STUDENT SIGNATURE

DATE

<input type="checkbox"/> Cancel Previous Release	Student Signature _____	Date _____
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OFFICE USE ONLY

Date Received:	Processed By:	Date:
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