

**FERPA Release Form**

The Family Educational Rights and Privacy Act

Submit this form by faxing it to the Student Records Department to 855-849-3381 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 Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 Phone Number	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"/> <b>Cancel Previous Release</b>	<input type="checkbox"/> <b>Student Signature</b>	<input type="checkbox"/> <b>Date</b>
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INTERNAL OFFICE USE ONLY:

Date Request Received	Received By	Date Request Processed	Processed By
_____	_____	_____	_____