

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 KPSAHS-Student-Records@kp.org. 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 the Student Records Department.

STUDENT SIGNATURE

DATE

☐ **Cancel Previous Release**

Student Signature _____ Date _____

INTERNAL OFFICE USE ONLY:

Date Request Received

Received By

Date Request Processed

Processed By