

RELEASE OF STUDENT INFORMATION FORM

Authorization Form – Release of Information

I _____ understand that I have the right to gain access to my records according to the school's Access to Files Policy by making an appointment with the appropriate school official.

I also understand that I have the right to authorize certain individuals, organizations, or class of parties (such as potential employers) to gain access to certain information in my student file.

I hereby authorize _____ to have access
(Print Clearly Name of Third Party)

to the following information: (please state clearly)

Please Note:

Students and parent/guardians of dependent minors are guaranteed the right to access and review the student's educational file. Students must submit this written request to review their file to the school director. The student will be granted supervised access to their records within five business days of the request. Any third party request for information will also require written authorization from the student or parent/guardian of a dependent minor. A form has to be filled **each time access** is required. Esthetic Institute requires a release form be completed for each third party request of information. Esthetic Institute provides access to student records **without written consent** to its accrediting agency NACCAS, the United States Department of Education, the State Licensing Agency DPOR, and the state certifying Agency SCHEV and any other school regulatory official. This form also does not need to be used when releasing information from the student's file to the student or student's parent if the student is a dependent student under IRS laws.

Student Signature

Date

Parent / Guardian Signature (if applicable)

Date