

AUTHORIZATION TO RELEASE INFORMATION

Student Consent for Education Records to be released to Parent(s), Legal Guardian(s), Other Tuition Provide(s), or Other Indicated Individual(s):

Student's Name: _____ AIPH ID# (or SS#): _____

PLEASE READ:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits The Art Institute of Philadelphia and its representatives at Education Management Corporation to disclose the information specified below to the following individual(s) or agency(ies):

- Name: _____
- Name: _____
- Name: _____
- Name: _____

This consent shall be valid throughout the student's enrollment at the Art Institute of Philadelphia and thereafter but may be modified or rescinded in writing by the student. The parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED:

The following information from my records at the Art Institute of Philadelphia may be released to the above-specified persons:

- _____ Grades and academic standing
- _____ Academic Information
- _____ Discipline records
- _____ Tuition and fee status
- _____ Other, please **SPECIFY**: _____
- _____ All records or information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature: _____ Date: _____