



FERPA Release Form

FERPA: Purpose of This Form

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, SEEI cannot disclose personally identifiable information contained in the student's education records without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent does not have the automatic right to view his/her child's records without the expressed written consent of the student, unless that parent can provide proof that the student is still a dependent for income tax purposes.

Students may grant any third party (e.g., spouse, parent, and/or sponsor) permission to access his/her education records or any portion thereof by completing this form and returning it to the appropriate records custodian.

Section A – FERPA Release (Please print clearly)

Please note that this consent only permits the disclosure of records maintained in the office/unit/department indicated below.

As such, records maintained in other offices will not be disclosed as a result of this authorization.

I, _____ (please print), authorize the release of:

- No information from any department
- All my records maintained by any department Southeastern Esthetics Institute.
- The portion of my records maintained by the Office of Student Financial Aid, or Academics, or any other department at Southeastern Esthetics Institute and described below:

To (person(s) to whom disclosure should be made):

Full Name (First, MI, Last)	Relationship to Student
_____	_____
_____	_____
_____	_____

Description of Records to be disclosed (only fill in if third box above is checked):

Section B – Student Authorization & Signature

In giving this authorization, I knowingly and willingly waive all privacy and confidentiality rights to which I am entitled under the Federal Rights and Privacy Act. I further agree to hold Southeastern Esthetics Institute, its officers, employees, representatives, agents and assigns free and harmless from any and all lawsuits or causes of action which may arise as a result of this authorization. I further understand that the FERPA request will remain valid unless revoked. I may revoke this consent at any time upon written notice to the office/unit/department indicated above.

Student Signature

Date

Revised February 2018