



Art Academy of Cincinnati
1212 Jackson Street
Cincinnati, OH 45202

STUDENT CONSENT FOR RELEASE OF RECORDS

Under Federal legislation, namely the Family Educational Rights and Privacy Act (FERPA) of 1974, I understand that my educational records cannot be released without my written permission.

Name of Student _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____

To allow authorized parties to have access to your educational records without further consent being required, please complete this form. This form can be changed at any time by the student.

I hereby grant the Art Academy of Cincinnati the right to disclose my student records to the individuals listed below (i.e. parents, guardians, etc.):

Name _____

Street Address _____ City _____ State _____ Zip _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Records to be released: All educational records including financial aid records, billing information, grades, and attendance.

Records exempted: _____

_____ I do not give permission to have information released to anyone.

Student Signature _____ Date _____

For additional information on the Family Educational Rights and Privacy Act (FERPA) of 1974, please see the BFA Student Right and Responsibilities section of the student handbook or the Registrar's web page.