

Art Academy of Cincinnati

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

Student ID -OR- Last 4 SSN

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 do **NOT** consent to release my records to anyone.

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

Relationship

Street Address

City

State

Zip

Email: _____ Phone Number: _____

Name

Relationship

Street Address

City

State

Zip

Email: _____ Phone Number: _____

Records to be released: All educational records including financial aid records, billing information, grades, attendance and access to your Campus Cafe account.

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

All information specified above is limited to the following date range (note the end date listed is the expiration date when specified individuals have access to protected information). **If the end date is left blank, then the last date of attendance will be used.**

Start Date: ___ / ___ / _____

End Date: ___ / ___ / _____

Signature

Date

Please return the completed form to the Registrar's Office, or email to registrar@artacademy.edu