



FERPA RELEASE FORM

Student Information:

LAST NAME: _____ FIRST NAME: _____ STUDENT ID#/last 4 SSN: _____

CONTACT PHONE #: _____ EMAIL ADDRESS: _____

I give permission to Gurnick Academy of Medical Arts to release the below selected information to the recipient listed for the purpose of _____

(Examples: providing access to parents, scholarship application, reimbursement from an employer or spouse, etc.)

Types of Education Information to Release:

Check	Name	Description
<input type="checkbox"/>	All records	ALL records listed below
<input type="checkbox"/>	Accounting	Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections and debt information
<input type="checkbox"/>	Registration	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information
<input type="checkbox"/>	Academic Records	Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded and degree (s) awarded.
<input type="checkbox"/>	Financial Aid	Includes all general financial aid information
<input type="checkbox"/>	Admissions	Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission
<input type="checkbox"/>	Cancel Previous Release	Cancels any previous request

Individual to Release Information To:

LAST NAME: _____ FIRST NAME: _____

CONTACT INFORMATION: _____ RELATIONSHIP: _____

Under the Family Educational Rights and Privacy Act (FERPA), Gurnick Academy of Medical Arts is permitted to disclose information from your education records to 3rd party if authorization is provided. Students cannot be denied any educational services from the Gurnick Academy of Medical Arts if they refuse to provide consent.

Please note: this authorization is valid until canceled. The student may cancel this release at any time by submitting another FERPA form to Gurnick Academy's office of Admissions, Registrar, Accounting, and/or Financial Aid.

STUDENT SIGNATURE: _____ DATE: _____

**Picture ID is required with this form.
If mailed or faxed, an enlarged copy of ID with signature is required.**