



The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to a third party, unless you provide written consent. You must complete a separate form for each third party.

INSTRUCTIONS: Print this form and complete all sections legibly in black ink and sign and date the bottom. Submit your completed form to the registrar by email attachment (PDF files, only): registrar@acupuncturist.edu or fax: (352) 337-2535.

Student Information			
First Name	Middle Initial	Last Name	Class Number
Date of Birth _____			
Home Phone	Mobile Phone	Email	
Street Address		City, State, Zip	

Third Party Information		
Business Name, if applicable _____		
First Name	Last Name	Title/Office
Phone	Fax	Email
Street Address		City, State, Zip
Relationship to Student		
<input type="checkbox"/> Employer or Credentialing Service		
<input type="checkbox"/> Educational Institution		
<input type="checkbox"/> State Licensing Board		
<input type="checkbox"/> Other: _____		

Records to Release <i>(check all that apply)</i>	
<input type="checkbox"/> Academic records contained in my student and admission files	
<input type="checkbox"/> Financial aid and student account information	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Details about my request are provided on an attached document.

Disclosure
This consent is granted for the following period:
<input type="checkbox"/> One-time disclosure
<input type="checkbox"/> Until this date: _____
<input type="checkbox"/> Indefinitely
<input type="checkbox"/> Other: _____

Student Certification	
<i>I give consent to the administrative office of Academy for Five Element Acupuncture to provide access or disclose orally, electronically, or in print to the authorized third party listed herein the selected education records and personal information about me. I understand I may receive copies of disclosed records upon request, and I may revoke this consent at any time, by submitting a written revocation.</i>	
Signature _____	Date _____
Full Name (printed) _____	