FERPA
Authorization to Release Student Information

Student Name (Please Print) _____ **Student ID** _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, Douglas J Institute and the College of Hair Design may not discuss a student's academic or account information with anyone other than the student unless the student provides written authorization. When the authorized third party named below contacts Douglas J Institute/College of Hair Design, they will be required to verify their identity by providing a four-digit identifier code. The student must create this identifier and provide it directly to the authorized third party. Students should not choose an identifier that can be easily guessed. If the third party cannot provide the identifier, Douglas J Institute/College of Hair Design will not release any information from the student record.

Authorized Individual(s) or Organization(s)

List the individual(s) or organization(s) you are authorizing Douglas J Institute to release information to:

Print Name Clearly	Relationship

Required: Four Digit Pin * _____

*Create your own four digit pin number (any four numbers). The authorized individuals must provide this number when requesting information.

Information to be Released: (check all that apply)

- ☐ Financial Aid Information: Satisfactory Academic Progress, GPA, FAFSA Info, Award Amounts
- ☐ Student Billing Information: Balances, Charges, Billing, Payments, Refunds, Collections
- ☐ Student Records/Registration Information: Class Schedule, Grades, Grade Point Average, Attendance
- ☐ Judicial Records Information: Student Discipline

Authorization

By signing below, I authorize the named third party to access the student record and/or account information identified above. I understand that by signing this authorization, I am permitting Douglas J Institute/College of Hair Design to disclose information from my educational record to the authorized individual(s). This authorization will remain in effect until I notify the Compliance Office in writing that I wish to revoke it. Revocation requests must be emailed from the student's email address on file to the Compliance Office at compliance@douglasj.com.

Student Signature _____ **Date** _____