



Authorization to Release Information

The Family Educational Rights and Privacy Act (FERPA) of 1974, U.S. Code 20 USC 1232g (hereinafter referred to as the Buckley Amendment) provides all post-secondary students who are enrolled or have been enrolled as students in post-secondary institutions, the right to determine who, if anyone, other than the student and the institution, may have access to records and information regarding the student. Students may choose to grant AMDA the permission to release information about their records by completing this authorization form. AMDA will not release confidential information regarding a student to any person, including parents or legal guardians, other than that student unless the student chooses to waive his or her rights of privacy by signing the following waiver.

STUDENT INFORMATION

Print Name: _____
LAST NAME FIRST NAME

Email: _____ Phone: _____
EMAIL: USERNAME@DOMAIN.*** PHONE: COUNTRY CODE (###) ###-####

THIRD PARTY INFORMATION

In accordance with the Buckley Amendment, I voluntarily permit the following individual(s) to have access to the information specified below.

Name: _____
LAST FIRST

Relationship to Student: _____
RELATIONSHIP TO STUDENT

Address: _____
STREET ADDRESS

_____ CITY STATE ZIP/POSTAL CODE COUNTRY

Phone: _____ Email: _____
PHONE: COUNTRY CODE (###) ###-#### EMAIL: USERNAME@DOMAIN.***

Name: _____
LAST FIRST

Relationship to Student: _____
RELATIONSHIP TO STUDENT

Address: _____
STREET ADDRESS

_____ CITY STATE ZIP/POSTAL CODE COUNTRY

Phone: _____ Email: _____
PHONE: COUNTRY CODE (###) ###-#### EMAIL: USERNAME@DOMAIN.***

INFORMATION TO BE RELEASED

Please mark or check all that apply below to grant authorization to the above-specified person(s) for different types of information.

- | | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> Academic Status | <input type="checkbox"/> Conduct | <input type="checkbox"/> Grades | <input type="checkbox"/> Student Accounts/Billing |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Disability | <input type="checkbox"/> Holds | |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Housing | |

STUDENT CONSENT

I understand this release authorization remains in effect as long as I am a student at AMDA or until I revoke this authorization in writing. I have carefully read the foregoing authorization and fully understand the meaning of this waiver form. I affirm that I have signed this authorization voluntarily.

Student Signature _____ Date _____