



Family Education Rights and Privacy Act
Consent to Release Personally Identifiable Information

Vatterott Educational Centers, Inc. ("Vatterott") seeks to ensure the accuracy and privacy of student records. To this end, our organization adheres to the guidelines of the Family Educational Rights and Privacy Act ("FERPA"), as amended, which provides privacy protection for all students.

Among other things, under FERPA you may consent to Vatterott disclosing personally identifiable information from your education record(s) to a third party. However, in order to grant such consent to Vatterott, you must complete this form and return it to the Director of Education. Please note that this form cannot be accepted until all fields are complete.

Also, please note that while Vatterott, with your consent, will disclose personally identifiable information from your education record(s) to a third party, it does so only on the condition that the party to whom the information is disclosed will not disclose the information to any other party without your prior consent, or the prior consent of your parent, as applicable, and with the understanding that the party that receives your personally identifiable information will use it only for the purposes for which the education record(s) have been released, as designated below.

I, the undersigned, understand that my consent is required by FERPA for Vatterott to release personally identifiable information from my education record(s) to another party (e.g., spouse, parent, employer, firm, medical provider, etc...) except where disclosure is otherwise permitted without consent. By completing and submitting this form, I hereby consent and give my permission to Vatterott to release the education record(s) identified below, to the party or parties identified below, for the purpose(s) identified below. I understand that this consent shall remain in effect until revoked by me in writing.

Education record(s) to be released:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Purpose for which education record(s) are to be released:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Parties to whom education record(s) are to be released:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

(Print Student Name)

(Student Identification Number)

(Student / Parent Signature)

(Date)