

JENKS

BEAUTY COLLEGE

EST 1977

Jenks Beauty College Student Authorization Information Release Form

Student Name (please print) : _____

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student educational records and requires that schools have written permission from the eligible student to release any information regarding a student's academic record.

Jenks Beauty College will not release any information to a third party without the written consent of the student. This form, once completed and signed by the student, will be considered by the college as consent to release information to the specific person and/or agencies listed below.

Please be aware that the college may release directory and student loan information to your lender, loan servicer, or guarantor for default prevention, loan management, and accurate student loan records. Also, the college may release directory and student debt information to an agency contracted by the school to engage in debt collection processes. The Department of Education also has the right to review your financial aid records upon request.

Please select and initial one of the following options:

_____ Do not release any information about me to anyone. Stop here and sign this form.

_____ I authorize Jenks Beauty College to release the following information about my educational records to the individuals or organizations I've selected and or listed below.

Please checkmark ONLY the types of information you would like to be released and list any additional persons/agencies you would like to receive information. The college will use this authorization to determine if financial aid related information can be discussed if requested by persons and/or agencies.

Agency/Individual	Grades	Attendance	Financial Aid Awards	Account Charges	Class Schedule
<u>Workforce Oklahoma</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Vocational Rehabilitation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Indian Tribe</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Veterans Affairs</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have the right to amend this authorization at any time. Please contact your financial aid administrator to make changes to your authorizations listed above. Changes will become effective as of the date you request the change.

Student Signature

Date