



SANDRA ACADEMY OF SALON SERVICES, INC.
907 MAIN STREET NEW TAZEWELL, TN 37825
WWW.SANDRAACADEMY.COM SANDRAACADEMY@HOTMAIL.COM
(423)626-7877

**RELEASE OF PERSONAL INFORMATION
(FERPA)**

I understand that I have the right to gain access to my records according to the school's Access to Files Policy by making an appointment with the appropriate school officials.

I also understand that I have the right to authorize certain individuals, organizations, or class of parties (such as potential employers) to gain access to certain information in my students file. I also understand that I have the right to rescind the authorization in writing at any time.

I hereby authorize _____ to have access to the following information.
Please also list the purpose of accessing this information.

Effective Date: _____ Expiration Date: _____

Signature Date

This form is to be used each time the school wants or has a need to release information from the student file to a third party unless a class of parties has been identified. This form need not be used when releasing information from the student's file to the student or student's parent if the student is a dependent student under IRS laws.