



SANDRA ACADEMY OF SALON SERVICES
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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 student 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.