


Office of the Registrar

American Heritage University of Southern California | 1802 East G St, Ontario, CA 91764

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Authorization for Release of Information

In accordance with The Federal Family Educational Rights and Privacy Act (FERPA), American Heritage University of Southern California will not release student records, including to a parent, without student consent or proof of dependency, or as listed in the University's FERPA/Privacy Policies. A student may give permission for the University to release student record information to a person by completing this form.

Date:	Name of Student:	Student ID Number:	Telephone Number:
Please Select Either FULL or LIMITED ACCESS			
<input type="checkbox"/> Consent for FULL ACCESS to Educational Records: Academic*, Financial Aid, and Student Account Records.		Consent for LIMITED ACCESS to Educational Records: (Limited access does not give authority to make changes to the student's educational record.)	
		<input type="checkbox"/> Only Academic Records* <input type="checkbox"/> Only Financial Aid Records <input type="checkbox"/> Only Student Account Records <input type="checkbox"/> The following specific information or records	
Please Select ONE of the three options: A, B, or C.			
A. <input type="checkbox"/> Annual Use: This authorization will remain in effect for one academic year.			
B. <input type="checkbox"/> One Time Use: This authorization can be used only once (specify in purpose below).			
C. <input type="checkbox"/> Limited Use: This authorization expires on: _____			
Purpose for the authorization for release of information (if for one time or limited use):			
			
Name of individual(s) or agency to whom access to records may be provided:			
Person/Agency 1: Name	Relationship:	Phone:	
Person/Agency 2: Name	Relationship:	Phone:	
Person/Agency 3: Name	Relationship:	Phone:	
<p>I understand that my records are protected under the Family Educational Rights and Privacy Act of 1974 and may not be released without my written consent or by permitted exception under the Act. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure and limited to the person(s) I have identified above. I certify that my consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Registrar's office. This authorization is good from the date I sign this release until the end of this academic year, unless noted differently above.</p>			
_____		_____	
Student Signature		Date	