



Authorization to Release Information

FERPA Release Form

Student Name (Please Print)

Student ID Number

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), The undersigned student hereby permits National Personal Training Institute to disclose the information specified below to the following individual(s) or agency(ies): The student authorizing the release of his/her educational records must sign and present this form to the appropriate office with a photo ID to verify the authenticity of this release.

Name: Relationship to Student

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Check each section below to indicate which records you wish to make available:

All College Records (Records include: All records subsequently mentioned).

All Financial Aid Records (Records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress, income information, and any other information contained in the application for financial aid file).

All Academic Transcript Records (Records include: Transcripts, admission and registration information, schedule documentation contained in the academic records).

All Student Account Records (Records include: Amount for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to delinquency of account, fines or fees, financial aid repayment and any other accounts receivable information contained in the student account records).

Instructor/Classroom Records (Records include: attendance, progress reports, test and *homework scores (*if available) Please note: Instructors are not required to take attendance or provide progress reports, and retain only those records which make up the file grade. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).

Other (Please specify)

Please Note: Records for counseling and services for students with Disabilities are considered medical records and are not covered under FERPA regulations. A separate please form must be obtained.

I understand the information may be released orally or in the form of copies of written records, as preferred by the institution. This authorization will remain in effect from the date it was executed until revoked by me, in writing, and delivered to National Personal Training Institute.

Student Signature

Date