



Release of Information

Department of Housing & Residence Life

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The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records, including (but not limited to) student conduct records. To learn more about the rights granted to students via FERPA visit: <http://www.ed.gov/policy/gen/guid/fpco/pdf/ferparegs.pdf>.

By signing this form, you agree that the Department of Housing & Residence Life, or its authorized agents at Academy of Art University, may disclose information from your education records to a third party (or parties) as indicated in the boxes below.

I, the undersigned, authorize the Department of Campus Housing & Residence Life (and its authorized agents at Academy of Art University) to release the following education records and any information contained therein (please specify):

All records and information contained in my student conduct file; or

The below-listed record(s) only:

These records may be disclosed to (name and address of person/agency authorized to receive records/information):

Person(s)/Agency: _____

Relationship to Student: _____

Person(s)/Agency Address: _____

Person(s)/Agency Phone: _____

For the purpose of:

I understand and acknowledge that: (1) I have the right not to consent to the release of information contained in my education records; and (2) this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures made prior to the receipt of any written revocation.

Student Name (Print)

ID Number

Student Signature

Date (MM/DD/YYYY)

Please return completed form to the Department of Housing & Residence Life