



AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION:

In accordance with the Family Education Rights and Privacy Act:

Purpose: The purpose of this release form is to facilitate the communication of student information to authorized individuals identified by the student.

The Family Education Rights and Privacy Act of 1974 (FERPA); as amended, protects the rights of education records, establishes the rights of students to review and inspect their education records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings

Step 1: Student Information:

First Name: _____	Last Name: _____	Date of Birth: _____
Address: _____		
Phone: _____	City: _____	State: _____
Fax: _____	Email: _____	Zip Code: _____

Step 2: Recipient Information:

Name of Student: _____		
Address: _____		
Phone: _____	City: _____	State: _____
Fax: _____	Email: _____	Zip Code: _____

Step 3: Method of Release:

SELECT DISTRIBUTION OPTION: *= Please note that if requested information is not picked up within 10 business days of this request, requested information will be mailed to the student's address on file.

<input type="checkbox"/> Mail to Recipient: Mailing Address: _____ _____	<input type="checkbox"/> In-Person Pick-up*: Safe Connect US 247-09 Jericho Turnpike, 2nd Floor, Bellerose, NY 11426
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Step 4: Consent

The above information may be released with my full consent. I understand that this authorization remains in effect until my written revocation is received by Safe Connect US, Inc.

Student Name: _____	Student Signature: _____	Date: _____
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