

Southern California University
School of Oriental Medicine and Acupuncture
RELEASE OF INFORMATION (FERPA) AUTHORIZATION FORM

Printed Student's Name

Social Security Number

I understand that I have the right to gain access to my records according to the school's Access to Files Policy.

I also understand that I have the right to authorize certain individuals/organizations to gain access to certain information in my student file(s).

If I am a dependent student, I am not authorized to review the financial records provided by my parents. If I am a dependent student and eighteen (18) years of age or older, my parent(s) do not automatically have authorization to review or discuss with school officials any and all information related to my schooling. Therefore by signing this form, I automatically grant them this authorization.

For organizations, or individuals other than my parents(s), I give the following authorization:

I _____, here by authorize

_____ To have access to the following information:

Student's Signature

Date

Institutional Official's Signature

Date

All information in the student file(s) is available to any governing, auditing, accrediting, state or Federal agency during the process of reviewing the school's normal approvals, accreditations, eligibilities and other matters conducted by those agencies, without the specific consent of the student and/or their parent(s).

