

Learning Bridge Career Institute

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: The Learning Bridge Career Institutes's Administrative Offices

Name of LBCI Official and/or Department that will be releasing the educational records

Please provide information from the educational records of _____

Name of Student requesting the release of educational records

to the follow individuals or agency: (LRS, Community Action, Work Connection, Parents, Employers, etc)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

The only type of information that is to be released under this consent is:

transcript

recommendations for employment or admission to other schools

all records

other (specify) _____

The information is to be released for the following purpose:

family communications about LBCI experience

employment

admission to an educational institution

other (specify) _____

I Understand the Following:

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights).

I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the LBCI Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to Name of Person listed above to whom the educational records will be released]for the specific purpose described above.

I would like to place my educational record on Academic Hold denying anyone access to my educational records.

Print Name _____

Signature _____

Date _____