



Consent to Release

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of Student Education Records. FERPA gives students who reach the age of 18 or who attend a postsecondary institution the right to inspect and review their own education records. It also prohibits the sharing of information with parties not designated by the student to view education records. The CIA does not release information from a student's educational record without the student's written consent unless such disclosure is legally permitted under FERPA.

Student Name: _____ Student ID#: _____

I authorize The Culinary Institute of America to release information to the following person(s) upon request. I understand this authorization is in effect until I revoke it in writing or submit an updated consent form.

- 1) Name: _____ Relationship: _____
2) Name: _____ Relationship: _____
3) Name: _____ Relationship: _____

I grant the above named people access over the phone, in person, by mail, or by email to the following records:

- Academic Records/CIA Education Records (not including official transcripts*)
Admissions Records (information prior to attendance at the CIA)
Learning Strategies Records/Disabilities Records
Financial Aid Records
Student Account/Financial Records
Student Affairs/Residence Life/Student Conduct Records (not including medical or counseling records**)
Campus Safety Records

* Official transcripts must be requested only by the student or former student online or in writing.
** Release of medical or counseling records can be granted through Health Services and Counseling and Psychological Services only.

Student Signature: _____ Date: _____

Cancellation of Consent to Release

An updated Consent to Release form will also supersede any previously granted permissions given to the CIA.

I revoke/cancel my permission to release information to the following person(s):

- 1) Name: _____ Relationship: _____
2) Name: _____ Relationship: _____
3) Name: _____ Relationship: _____

Student Signature: _____ Date: _____