

1000 State Street | Springfield, MA 01109 | 1.800.242.3142 | www.aic.edu

Family Education Rights and Privacy Form (FERPA)

In compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), **American International College** protects the privacy rights of students by limiting personal information in education records that it will disclose. Education records include admissions (only if the student was admitted); academic and financial aid records pertaining to the student.

Disclosure Consent

Non-directory information requires student consent prior to disclosure. Authorization from the student is required for the release of information to parents of independent students, spouses of independent students, and guardians or family members of students made independent by a dependency override.

Exceptions to this regulation are:

- Relevant school employees
- · Representatives of federal and state agencies
- In response to subpoenas or court orders

I authorize American International College to disclose personally identifiable information contained in my educational records to the following individual(s).

Name		Relationship	Phone	Number	
Name		Relationship	Phone	Number	
Name		Relationship	Phone	Number	
The re	cords the above mentioned individual Academic records Admissions records Financial Aid records Business Office records Other	may access are:			
Signature		Printed Name		Date	
	uthorization is valid from the signature to the Office of the Registrar.	e date through the entire period	I the student is enrolled. Amer	ndments or cancellations of th	is authorization must be provided in
Unless the stu	story Information s specifically requested in writing, directed adent's name, address, telephone listicul- ull-time or part-time), and the most re	ng, électronic mail address, ph	otograph, date and place of b	,	•
I wish to restrict the release of directory information contained in my American International College educational records.					
	Signature	Printed Name	Student ID	Date	
-	choose NOT to restrict the release of o	-		or guardians cannot obtain inf	ormation about your academic

PLEASE RETURN THIS FORM TO:

The Office of the Registrar, American International College, 1000 State Street, Springfield, MA 01109.

- 1. This form does not apply to medical or psychological records in accordance with HIPPA regulations. You must contact the college or health services to obtain the necessary form for release of medical information.
- 2. If you want to change or revoke this information at any time, you must inform the Registrar's Office in writing of your request.