



**EDUCATORS INC. PRIVATE CHRISTIAN SCHOOLS (EIPCS)
STUDENT AUTHORIZATION TO RELEASE
EDUCATIONAL RECORD INFORMATION**

In accordance with regulations contained within the Family Educational Rights and Privacy Act, EIPCS will only disclose a student's educational records to a third party if the school has written consent from the student.

The student **MUST** sign this form and return to the school's Registrar's Office if said student wishes to provide consent for release of their educational records to the parties disclosed on this form below.

I _____ hereby authorize Educators Inc. Private
Student's Full Name

Christian Schools officials to release my educational records to the following (parties listed below):

Name _____
Phone Number

Name _____
Phone Number

Name _____
Phone Number

This release does not permit the disclosure of records to any other persons or entities without written consent from unless specifically allowed for the FERPA regulations. I understand that I may revoke this authorization at any time.

Student's Printed Name _____
Date Signed

Student's Signature _____
Student's ID Number

Specific records to release (if all records may be released, indicate by saying "Any Educational Records Can Be Released"):
