



Delaware Learning Institute of Cosmetology

32448 Royal Blvd. Suite A

Dagsboro, Delaware 19939

302-732-6704

Authorization to Release Educational Records

Student Name _____ ID Number _____

Current Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____ Contact Number _____

FERPA Notice: The Family Educational Rights and Privacy Act of 1974 (FERPA) allows students to restrict access to their education records including request for information from parents and other third parties. Without a student’s written consent, Delaware Learning Institute of Cosmetology cannot disclose information to any third party. You may, however, provide Delaware Learning Institute of Cosmetology with a release allowing selected individuals to have access to your education records or portions thereof. To provide a release complete the following declaration.

I, _____, do hereby declare the Delaware Learning Institute of Cosmetology may release my education information to the following individuals(s). I authorize Delaware Learning Institute of Cosmetology to send copies of my attendance records, academic records, and financial information to the designees listed below.

Designee#1 _____

Designee #1 (Circle the relationship) P- Parent S- Spouse G- Legal Guardian O- Other

Designee #1 Address _____

Designee #1 Contact Number _____

Designee#2 _____

Designee #2 (Circle the relationship) P- Parent S- Spouse G- Legal Guardian O- Other

Designee #2 Address _____

Designee #2 Contact Number _____

Authentication: The Institution requires the creation of a security question that you share with the individual you designated on this form. Delaware Learning Institute of Cosmetology will only release information to your designee if they correctly answer the security question. Positive identification may be required from your designee before releasing your information. The security question should be simple and something only you and your designee know. Ex- “In what city were you born?” or “What is your mother’s maiden name?”

Security Question: _____?

Answer: _____

Student Signature _____ Date _____

