

---

## Family Educational Rights and Privacy Act (FERPA) Authorization Form

I \_\_\_\_\_ the undersigned, authorize  
The International School of Hospitality (TISOH) to release the following educational records upon request:

Check all that apply:

- All financial records  
 Academic records & transcripts  
 Other (Please specify) \_\_\_\_\_

Persons to whom information may be released:

\_\_\_\_\_  
Name Organization (if applicable)

\_\_\_\_\_  
Name Organization (if applicable)

\_\_\_\_\_  
Name Organization (if applicable)

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. I understand that this release remains in effect unless I revoke such consent in writing and the revocation is delivered to the institution.

---

Student / Alumni Signature

Date