



# Student Information Release Authorization

**DIRECTIONS** In compliance with the federal *Family Educational Rights and Privacy Act of 1974* ("FERPA"), and the American Line Builders Apprentice Training Committee ("ALBAT Program") Student Education Records policy, the ALBAT Program is prohibited from providing certain information from student records to a third party, such as information on grades, test scores and other student record information. This restriction applies, but is not limited, to family members, a spouse, or any other party.

A student may, at their discretion, grant the ALBAT Program permission to receive or release student record information to a third party by submitting a completed Student Information Release Authorization. A separate form is required for each third party to whom the student authorizes access to their student record information. The specified information will be made available only if requested by the authorized third party. The ALBAT Program does not automatically send information to a third party.

Submit this completed form to the ALBAT Program office, at the address provided below. This form authorizes the release of student record information to the student (his/herself) or to a third party from the ALBAT Program office. **NOTE:** For the third party designee named on this form, this release overrides all FERPA directory suppression information that may have been set up in the student's record. *However, it is ALBAT Program policy not to release certain aspects of student records (e.g., application, grades, GPA) over the phone. ALBAT Program will only provide student record information authorized for release by using any combination of three methods.*

Choose one or more:

US Postal Service

Electronic Mail

Facsimile

This authorization is intended for the release of student information maintained by the ALBAT Program office located at: 1900 Lake Road (PO Box 370), Medway, 45341 (Phone: 937-849-4177, Fax: 937-849-0592)

**This is a one-time use form.**

**A new signed and dated form is required each time a request for the release of information is requested.**

SECTION A: Student Information		
Name (Last, First, Middle Initial)	SSN (Last Four Digits Only)	Date of Birth
Current Mailing Address (Street or P.O. Box, Apartment No., City, State, and ZIP Code)		Daytime Phone Number
SECTION B: Check Only One <input type="checkbox"/> Self <input type="checkbox"/> Third-Party Designee		
Name (Last, First, Middle Initial)		Daytime Phone Number
Current Mailing Address (Street or P.O. Box, Apartment No., City, State and Zip Code)		Fax Number
Relation to Student		Email Address

Check one or more boxes below to authorize release of specific student information:

Period of Apprenticeship (Dates)

Test Scores

Apprenticeship Hour Breakdown

Evaluations/Performance Reviews

Training Certifications / Verifications

Other (Please specify)

SECTION C: Certification	
I authorize that the office of ALBAT Program may disclose and discuss confidential information from my education record with the above third party, named in Section B. This authorization does not permit the third party to make any changes. <b>I hereby release the ALBAT Program and its agents, including, but not limited to, its employees, Trustees, and Committee Members, from any and all liability relating to the release of any student record information as requested herein.</b>	
Student Signature	Date