



Latin Beauty Academy. School License Number: 3728

Authorization to Release Information Form

Student Name: _____

Date of Birth: _____

Student's Social Security Number: _____

I, _____ hereby authorize to (check one):

_____ obtain from the following

_____ release to the following

Name: _____

Address: _____

The following documents/information from the records:

1. _____
2. _____
3. _____
4. _____
5. _____

The records are required for the specific purpose of:

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that my authorization will remain effective from the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Student (and/or parents) Signature

Date