



Lee Professional Institute

RELEASE OF INFORMATION AUTHORIZATION FORM

I understand that I have the right to gain access to the records in my student file, in accordance with the institution's policy on the "FAMILY RIGHTS AND PRIVACY ACT (FERPA)."

By this mean, I, _____, hereby request access to the following information:

- Academic Records
- Payment Records
- Other

If other, define: _____

Student Signature

Date

School Officer's Signature

Date