

DOUGH & DEGREES FERPA STUDENT INFORMATION RELEASE FORM

This form allows us to release information from your student record to a third party. It does not allow the third party to act or speak on your behalf (a Power of Attorney is required for such actions).

1. You will be required to submit a color copy of your valid state-issued ID as part of your admission to APUS. Please work with your admissions representative to submit this documentation. A color copy of your ID must be on file with APUS in order for this FERPA STUDENT INFORMATION RELEASE FORM to be processed.
2. Once your ID has been submitted, complete and electronically submit this form — incomplete and/or illegible forms will not be processed. Please ensure all highlighted fields below are completed accurately. You may send this via fax to 703-334-4910 or as an email attachment to **FERPA@apus.edu**.

A. Student Information

Student Name (please print):

	Last Name	First Name	MI

Student ID number: Last 4 digits of SSN:

B. Information to be released

I, the undersigned, understand my FERPA rights and hereby authorize American Public University System (APUS) to release information on the following type(s) of education record(s). You must select one or the other for each category.

- Disclose Do not disclose Academic
 Disclose Do not disclose Financial

C. Purpose of Information

The information will be released to the Bright Horizons Family Solutions representative(s) identified below in Section D for the purposes of:

To confirm student progress to the Bright Horizons Family Solutions for the Papa John's Dough & Degrees program

D. Third-Party Representative Information – You may add additional representatives to this form by completing the additional fields below.

I authorize APUS to release information to the following third-party representatives:

Point of Contact Name and/or Title	Senior Manager, Employee Services
Point of Contact Organization	Bright Horizons Family Solutions

E. Provide Authorization

I understand and agree that this authorization is voluntary and will remain in effect until revoked by me in writing (see section F below) and delivered to the APUS Office of the Registrar; however, any such revocation will not apply to previous disclosures. Further, I agree to release and hold harmless APUS from and against any claim related to any reference or information provided by APUS.

Signature _____ Date

F. Revoke Authorization

By signing below, I hereby revoke any prior authorization for APUS to disclose my education record information with the third party listed above. Such revocation will not apply to disclosures made before this document is processed by the APUS Office of the Registrar.

Signature _____ Date _____