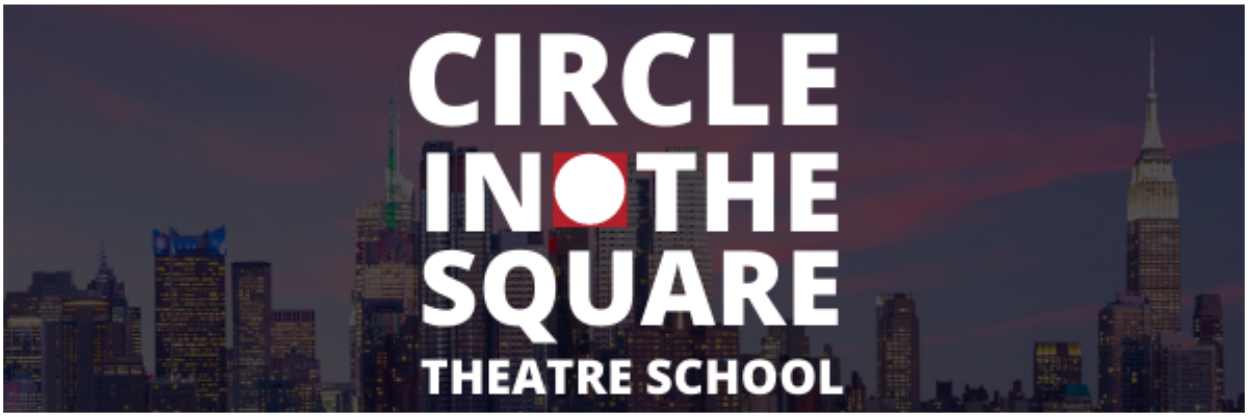

Student's Authorization for Disclosure of Non-Directory Information
2021 - 2022

Student Authorizing Release: _____
First **Middle** **Last**

Date of Birth: _____

Dates of Authorization: September 9th, 2021 - August 30th, 2022

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize faculty and staff, representatives of Circle in the Square Theatre School, to disclose my education records to the individual(s) or organizations indicated below.

Full Name(s):

(1) _____ _____
Name **Email**

(2) _____ _____
Name **Email**

Purpose for disclosure: (Check all that apply)

__ **Financial Records**

__ **Academic Records**

__ **Social/Disciplinary Records**

By signing this form I understand that I am giving permission to Circle in the Square Theatre School representatives to release non-directory information to non-institutional individuals or organizations.

Student Signature: _____