



KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502) 564-3296, Extension 227 ~ www.finance.ky.gov/bpe

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

INSTRUCTIONS

1. This authorization must be typed or printed legibly and completed in its entirety.
2. Attach continuation sheets if more space is needed to provide information.
3. No fee is required to be submitted with this authorization.
4. This completed authorization may be submitted to the Kentucky State Board for Proprietary Education either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

STUDENT INFORMATION

Student Name _____ Date _____

Student Name During Attendance At School _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cell Phone Number _____ Email Address _____

Dates Attended _____ Program Name _____

SCHOOL INFORMATION

School Name _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Website Address _____

Administrative Contact Person Name _____ Title _____

RELEASE

I, do hereby authorize the full release of any and all student records including but not limited to, financial information, financial aid information, and attendance reports from the above named school to the Kentucky State Board for Proprietary Education (Board) or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary proceedings under KRS Chapter 165A.400, KRS 61.870 et seq. and 201 KAR 40:030. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and KRS Chapter 13B, or other applicable law.

A photocopy of this authorization shall be deemed as effective as an original.

This authorization shall be effective until this matter is concluded.

Student Signature _____ Date _____