



KENTUCKY COMMISSION On PROPRIETARY EDUCATION

300 Sower Boulevard, Frankfort, Kentucky 40601
(502) 564-4185 <http://kcpe.ky.gov>

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 Commission on Proprietary Education either by mail to 300 Sower Boulevard, 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 Commission on Proprietary Education (Commission) or any authorized agent or investigator of the Commission.

I understand that the above records may be used by the Commission in the investigation and possible disciplinary proceedings under KRS Chapter 165A.400, KRS 61.870 et seq. and 791 KAR 1:030 I further understand that the Commission will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and KRS Chapter 13A, 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
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