

Professional's Choice Hair Design Academy

Rights to Privacy

Policy Statement Regarding Student's Records

It is the policy of Professional's Choice Hair Design Academy that a student (or parent, if the student is a minor) has the right to see his/her records at any time during or following enrollment, for a period not to exceed three years from the last date of attendance. Professional's Choice Hair Design Academy Policy is as follows:

- Before publishing directory information, Professional's Choice Hair Design Academy allows the student or guardian the right to deny authority to publish one or more items.
- Professional's Choice Hair Design Academy provides and permits access to student and other school records as required for any accreditation process initiated by the institution or by NACCAS, or in response to a directive of the Commission.
- Professional's Choice Hair Design Academy requires written consent from the student or guardian for release of records in response to each third party request unless other required by law.

When a student needs access to a file or records, the following procedure will take place:

- 1- The student, or in the case of a minor, the parent and the student, must make an appointment with the director of Professional's Choice Hair Design Academy.
- 2- On the day of the scheduled appointment, the student will be given sufficient time to view the file in the office in the presence of the director of Professional's Choice Hair Design Academy.
- 3- Nothing will be allowed to leave the room or be taken from the student's file.
All items in the file are permanent school records.

Please read this form carefully and sign the item that applies to your situation.

I authorize Professional's Choice Hair Design Academy to release information regarding my grades, attendance, and any other information related to my attendance at this school to:

Student's signature: _____ Date: _____

I do not wish to have any information released from my file.

Student signature: _____ Date: _____

By authorizing Professional's Choice Hair Design Academy to release information on me, I understand that my permission in writing will be requested before any such information is released on my behalf; therefore, giving me the right to change my mind. I also understand that my permission is not needed if information is requested from the state or federal agencies or the school's accrediting agency.

Student's signature: _____ Date: _____

Director's Signature: _____ Date: _____