

Third-Party Authorization Form (TPAF)

OVERVIEW

Students who have attended a Kaplan Higher Education institution may authorize the release of non-directory, personal information to another individual(s) by submitting this Third-Party Authorization Form. Third-Party Authorization does not act as, or take the place of Power of Attorney. In addition, Kaplan Higher Education reserves the right to revoke the Third-Party Authorization at any time.

INSTRUCTIONS

To grant access to your information to designated individual(s) or to revoke previously-granted access, complete the appropriate fields below, print, sign, date, and submit this form to the appropriate Office of the Registrar. Note that authorized parties will be required to verify their identity when speaking to Kaplan Higher Education staff about your records by providing their name, their relationship to you, their phone number, and the last 4 digits of your SSN. Be advised that processing this form may take up to 6-8 business days from the date of receipt. Incomplete forms will not be processed.

Please complete and email this form to closedcollegeinformation@kaplan.edu or fax it to 800.882.9519.

STUDENT INFORMATION

STUDENT NAME: _____ STUDENT ID OR LAST 4 DIGITS OF SSN: _____

NAME OF COLLEGE/SCHOOL PREVIOUSLY ATTENDED: _____

CITY: _____ STATE: _____

EMAIL ADDRESS: _____

REASON FOR RELEASE OF INFORMATION: _____

THIRD PARTY

Third Party			Place an X in ONE of the columns below for each individual listed.	
Name (First and last name of contact required)	Relationship to Student	Phone Number	I grant this person access to my records.	I withdraw permission for this person to access my records.

I choose to share the following types of records with authorized individual(s) (check only ONE):

All Records Academic Records Only Financial Records Only

This authorization is valid until (specific expiration day, month, and year required): _____

I authorize and/or withdraw, as noted above, permission for the above individual(s) indicated to access my student record. My information may be released to any person(s) granted access above from this date until the expiration date specified above, unless revoked earlier by me via submission of an additional Third-Party Authorization form. I acknowledge that this Third-Party Authorization form allows permission for Kaplan Higher Education to share information only; it does not allow the above authorized parties to make decisions my behalf. I acknowledge that Kaplan Higher Education may revoke third-party authorization at any time.

 Student Signature

 Date