



AMCofH
AT
PIHMA
Center for Professional
Education & Development

FERPA AGREEMENT

I permit an Admissions Representative from PIHMA Center for Professional Education & Development (PIHMA CPED) to obtain reference information about my scholastic (academic and personal) performance for the purpose(s) of admission to American Medical College of Homeopathy at PIHMA Center for Professional Education & Development (AMCofH at PIHMA CPED).

The reference(s) may be given orally and/or in writing.

I, hereby, authorize the release of information and an evaluation about any and all information from my education records at _____ (name of educational institution, hereafter referred to as "Institution"), including information pertaining to my education at other institutions I have previously attended that is part of my education record at the Institution, deemed necessary by the Admissions Representative to provide the reference.

I understand further that: (1) I have the right not to consent to the release of my education records; (2) I have a right to receive a copy of any written reference upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Admission Representative from PIHMA CPED but that any such revocation shall not affect disclosures previously made by PIHMA CPED prior to the receipt of any such written revocation.

Student Signature: _____

Date: _____