



CLEVELAND INSTITUTE OF MUSIC

David Cerone, President  
cim.edu

# Family Education Rights and Privacy Act (FERPA) Release Form

The Family Education Rights and Privacy Act (FERPA) of 1974 is a federal law that gives students the right to inspect and review their records. For your protection, FERPA limits release of information about your records without your explicit written consent. Upon confirming enrollment, this law becomes effective. For CIM to be permitted to answer student-specific questions (about financial aid, tuition bills, grades, etc.), the student must have granted CIM permission to do so.

If you wish to authorize the CIM Administration to give out information to your parents or other individuals, CIM needs written consent, from you, the student, by completing and returning this form to the CIM Financial Aid Office.

You may opt to not allow information to go to anyone other than yourself – simply check the first box. Please list your email address. Many applicants had a parent email address on their CIM application, which flows to Financial Aid, Registrar and Billing. We need to verify the address we use once you are a confirmed new student is your address, not that of a parent. If you do not have an email address of your own, please indicate that below. All CIM students will be issued a school email address upon enrolling.

I, \_\_\_\_\_ (name of student), hereby authorize release (or non-release) of my records as indicated below:

- Do not release my information to anyone.
- My records may be released only to the specific person(s) listed here:

Spouse (name): \_\_\_\_\_

Mother/Stepmother (name): \_\_\_\_\_

Father/Stepfather (name): \_\_\_\_\_

Other (name): \_\_\_\_\_

Other (name): \_\_\_\_\_

I understand that although I am not required to release my records to this/these individual(s), I am giving my consent to release the information as indicated. I also understand I have a right to receive a copy of such records upon request and that this release remains in effect until revoked by me, in writing, and delivered to CIM; but that any such revocation shall not affect disclosures previously made by CIM prior to receipt of any such written revocation.

The records I wish to release are:

- All
- Limited (if limited, please specify below which records you wish to be released)

\_\_\_\_\_  
\_\_\_\_\_

_____ Printed Name of Student	_____ Date
_____ Signature of Student	_____ Student email address (print very clearly!) REQUIRED (if you do not have an email, please write "n/a")

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which permit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

**Please return this form to:**  
**Financial Aid Office, Cleveland Institute of Music, 11021 East Blvd., Cleveland, OH 44106 or fax to 216-707-4519.**  
 You may contact the Financial Aid Office at [kristine.gripp@ase.edu](mailto:kristine.gripp@ase.edu) or 216-795-3192.