

Third-Party Authorization Form (TPAF) OVERVIEW

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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.

| INSTRUC | CTIONS |
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To grant access to your information to designated individual or company or to revoke previously-granted access, complete the appropriate fields below, print, sign, date, and submit this form to the appropriate Closed College Records Office. Note that authorized parties will be required to provide a copy of the signed release from the student to Kaplan about your records by providing their name, the reason for their request, their relationship to you, and the last four digits of your SSN or date of birth. This is only a release to authorize your information to the third party. Communication will be through fax or email only.

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

STUDENT INFORMATION (Please print legibly)

| ••••••••••••••• | |
|---|-------------------------------------|
| STUDENT NAME: | STUDENT ID OR LAST 4 DIGITS OF SSN: |
| NAME OF COLLEGE/SCHOOL PREVIOUSLY ATTENDED: | |
| СІТУ: | STATE: |
| EMAIL ADDRESS: | |
| REASON FOR RELEASE OF INFORMATION: | |

THIRD PARTY

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| | Place an X in ONE of the columns below for each individual listed. | | | | | | |
| Individual Name or Company 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



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 to share information only; it does not allow the above authorized parties to make decisions my behalf. I acknowledge that Kaplan may revoke third-party authorization at any time.