



STUDENT AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize Dorsey School of Beauty to
release information concerning my academic progress, attendance, and/or financial
information to the party(ies) listed below. I understand that I am not required to allow
this information to be released; this authorization is voluntary on my part.

INFORMATION MAY BE RELEASED TO:

PRINTED NAME

RELATIONSHIP TO STUDENT

PRINTED NAME

RELATIONSHIP TO STUDENT

PRINTED NAME

RELATIONSHIP TO STUDENT

Student Signature

Date