



PIHMA

Phoenix Institute of Herbal Medicine & Acupuncture

COLLEGE & CLINIC

Reference Request and FERPA Release

Students Applying to PIHMA College from another ACAOM Accredited School

I permit an Admissions Representative from PIHMA College to obtain reference information about my scholastic (academic and personal) performance for the purpose(s) of admission to PIHMA College (The Phoenix Institute of Herbal Medicine & Acupuncture).

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 ACAOM Accredited School, hereafter referred to as "OM College"), including information pertaining to my education at other institutions I have previously attended that is part of my education record at the OM College, 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 but that any such revocation shall not affect disclosures previously made by PIHMA prior to the receipt of any such written revocation.

Student Signature:

Date: _____