



PERMISSION STATEMENT

With respect to FERPA (Family Educational Rights and Privacy Act) legislation requiring confidentiality of student information, I give permission to the appropriate administrative staff of **Pennsylvania Western University** and:

(Choose one)

_____ **Fundamental Flight Training** (1605 Asbury, Erie, PA 16506)

_____ **High Flight Academy** (475 Airport Rd, Butler, PA 16002)

_____ **North Coast Flight School** (16306 Corporate Dr, Meadville, PA 16335)

_____ **OnCore Aviation** (1205 Scottsville Rd, Rochester, NY 14624)

to discuss my academic records and financial records as they relate to my enrollment in the AAS in Aeronautical Science program.

Student Signature

Student Name - Printed

Date

This permission statement remains in effect until:

- 1) You change major out of the AAS in Aeronautical Science program
- 2) You officially withdraw or graduate from Pennsylvania Western University