Emergency Medical
Training Services

STUDENT CONSENT FOR RELEASE
OF EDUCATION RECORD INFORMATION

USE INK. PLEASE PRINT CLEARLY.

> Program Records Policy, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires the written consent of the student   authorizing the disclosure of education record information from his or her record.
>
> **The authorization must include:** the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

*The program related to this form considers students 18 years of age or older an Adult and solely responsible. Student records   are considered confidential and **cannot** be discussed or released with parental, family and/or any other third party **without** PRIOR written student consent regardless of financial dependence, interest or involvement.*

Please complete the following form and return it to ADMISSIONS. Valid photo ID must be presented.

1. **STUDENT CONTACT INFORMATION:** Please complete all information requested. Print Legibly.

STUDENT INFORMATION	**SOCIAL SECURITY NUMBER** (xxx-xx-xxxx)			**BIRTHDATE** (mm/dd/yy)	
	NAME (Last/First/Middle)			**EMAIL ADDRESS**	
	COURSE/PROGRAM ENROLLED WITHIN: ☐ ☐ ☐ EMT PARAMEDIC ECA			**TELEPHONE NO.**	
	CURRENT MAILING ADDRESS (include apartment number, etc.)	**CITY**	**STATE**	**ZIP CODE**	

2. **TYPE OF RELEASE:**

◇   **I wish to ALLOW _ONE-TIME ONLY_ discussion and release of my student records.**

◇   **I wish to ALLOW discussion and release of my student records _until revoked_ by me in writing and submitted to Registrar.**

◇   **I wish to REVOKE discussion and release of information I have on record for the following person/institution:**

_____

◇   **I do NOT authorize discussion or release of my student records.**

3. **STUDENT RECORDS TO BE RELEASED:** (check all that apply)

◇   **Enrollment Records** – (registration and/or enrollment information).

◇   **Billing/Student Account Information** – (billing statements, charges, payments, and/or balances).

◇   **Financial Assistance Information** – (financial awards, disbursements, eligibility, and/or status).

◇   **Academic Progress** – final grades/GPA (NOTE: does not include unofficial and/or official transcripts).

◇   **Attendance** – (daily attendance records)

4. *RECORDS RELEASE:* For releasing to person(s) not within an institution/company, write the person(s) name on the attention line and write N/A on the Institution/Company line.

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5. *PURPOSE FOR DISCLOSURE OF RECORDS:*

Program reserves the right to withhold processing of student records release until ALL outstanding obligations are resolved by the student.

6. *STUDENT SIGNATURE IS REQUIRED:*

My signature is authorization that I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. **Program is hereby released from all legal responsibility or liability for the release of the above -referenced information.** I further understand and acknowledge that this request will not be processed without signature and valid photo ID presented at time of submission.

I understand that I have the right NOT to consent to this release of educational records, as well as the right to REVOKE this consent.

	DATE OF REQUEST
X	

Program maintains all original signed consent forms. Students are advised to keep a copy of this form with their records.

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