



AUTHORIZATION FOR RELEASE OF INFORMATION
TO A SCHOOL OR AGENCY

In accordance with the Family Rights and Privacy Act of 1974, as amended, this form constitutes written consent from the student to disclose personally identifiable information from his/her education record to the party listed below for the purposes specified. The receiving party is cautioned that this information may not be released to any other parties without additional written consent of the student.

STUDENT INFORMATION

Student's Full Legal Name – Please Print

Student ID # or last 4 digits of Social Security #

I hereby grant permission to the Community College of Vermont to release information about my attendance, grades, performance, and business office account to the school or agency listed below. The purpose of this release of information is to keep the school or agency informed about my educational progress during the time that I am a student at the school or a participant in a program of the agency.

Vermont Child Care Industry and Career Council / T.E.A.C.H. Vermont
Full Name of School or Agency

145 Pine Haven Shores Rd., Suite 1137
Complete Address of School or Agency

Shelburne
City

VT
State

05482
Zip

This authorization will remain in effect while I am a student or participant at the school or agency listed above or until I inform CCV in writing that I am terminating the authorization.

Student's Signature

Date

To authorize release of information to more than one school or agency, you must submit a separate form for each school or agency.

For Office Use Only: Rec'd by: _____ Date: _____ Proc by: _____ Date: _____
