

**FORM 1-02
RECORDS RELEASE AUTHORIZATION**

To: _____ **From:** _____
 _____ **Date of Request:** _____
 _____ **Date of Receipt:** _____

Please print your name, sign, date, and return this form with the information requested below.

Academic Transcript		High School Equivalency (HSE) Transcript	
Copy of High School Diploma		Copy of HSE Certificate	
504 Plan and Eligibility Evaluation Reports		Individual Education Plan (IEP), Psychoeducational Evaluations, Eligibility and Triennial Evaluation Reports, and IEP Progress Notes	

MAIL TO:

Admissions Services/Center Name: _____
Number, Street: _____
City, State, Zip Code: _____

If you have any questions regarding this request, please call (_____) _____ - _____.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

STUDENT INFORMATION:

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ **Dates of School Attendance:** _____
Date of Birth (MM/DD/YYYY): _____ **Mother's Maiden Name:** _____

NON-HEALTH INFORMATION RELEASE AUTHORIZATION:

My signature below authorizes the release of the requested information. This authorization remains in effect for a period of 1 year from the date of this request.

Student Signature: _____

Signature of Parent or Guardian *(if applicant is under 18 years of age):* _____

Address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____

Specified Health Records/Protected Health Information (PHI) Records Release Authorization

To:	From:
	Date of Request:
	Date of Receipt:

Please complete the specific medical/health/dental records that are being requested if applicable. If no health records are requested, leave blank and do not sign signature section.

Specified Health Records/Protected Health Information (PHI): Record: Health Provider Information: Date of Request: Purpose of Request:
Record: Health Provider Information: Date of Request: Purpose of Request:
Record: Health Provider Information: Date of Request: Purpose of Request:

The information is subject to redisclosure by recipient and no longer protected by the Privacy Rule (see Form 2-01). You have the right to revoke the authorization at any time. Please reach out to:

Admissions Services/Center Name: _____

Number, Street: _____

City, State, Zip Code: _____

If you have any questions regarding this request, please call (_____) _____ - _____.

HEALTH INFORMATION RELEASE AUTHORIZATION IF APPLICABLE:

My signature below authorizes the release of the requested health information above. This authorization remains in effect for a period of _____ from the date of this request.

Student Signature¹: _____ Date: _____

Signature of Parent or Guardian² (if applicant is under 18 years of age): _____ Date: _____

¹ Only provide signature if specific health records are requested. If none are requested, please leave signature lines blank.

² Only provide signature if specific health records are requested. If none are requested, please leave signature lines blank.

Records Release Authorization – Instructions

Admissions Services may use the “Records Release Authorization” to obtain educational records of Job Corps applicants. The following information explains the sections of the form.

To: Agency from which the Admissions Services office is requesting information (verify correct and current address)

From: Name of the Admissions Services staff requesting the information

Date of Request: Date when the request is sent

Date of Receipt: Date when the Admissions Services received the requested information (or date when the center received the requested information, if the form was sent to the center as documentation that the Admissions Services has made the request prior to a student’s enrollment/arrival)

Academic Transcript or Copy of HSD: Send request to the high school or middle school office (**NOT** to the guidance or counseling offices, which are **often closed during school breaks and vacations**)

HSE Transcript or Copy of Certificate: Send to the HSE testing site where the applicant took their HSE tests

IEP or 504: Send request to the Office of Special Education, or the high school or middle school office

Mail to: Enter the recipient’s address

Telephone Number: Enter the Admissions Services staff/office contact number

Name, Signature, and Date: To be completed by the person responding to the request

Student Information: To be completed by the Admissions Services with information provided by the applicant

Information Release Authorization: To be completed by the applicant or the applicant’s parent or guardian (if applicant is an unemancipated minor), with assistance from Admissions Services

**Health Release
Authorization:**

In order to be compliance with Health Insurance Portability and Accountability Act (HIPAA) regarding release of medical information, a release of medical information form must:

- Specifically identify the Protected Health Information (PHI) to be used or disclosed;
- Provide the names of persons or organizations, or classes of persons or organizations, who will receive, use, or disclose the PHI;
- State the purpose for each request;
- Be signed and dated by the individual or the individual's personal representative;
- Be written in plain language;
- Include an expiration date or event;
- Notify the individual in writing of the right to revoke authorization at any time, how to exercise that right, and any applicable exceptions to that right under the privacy rule; and
- Explain the potential for the information to be subject to redisclosure by recipient and no longer protected by the Privacy Rule.