

RECORDS RELEASE AUTHORIZATION

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

Please sign, date, and return this form requesting the following information:

Academic Transcript		Individual Education Plan (IEP)	
GED Transcript		Medical / Dental Records	

Mail To:
 (Center Name) _____
 (Number, Street) _____
 (State, City, Zip Code) _____

If you have any questions regarding this request please call 1-____-____-_____.

Signature: _____ Date: _____

STUDENT INFORMATION

Name: _____

Last
First
Middle

Social Security Number: _____ - _____ - _____

Date of Birth (MM/DD/YY): _____ / _____ / _____

Dates of Attendance: _____

INFORMATION RELEASE AUTHORIZATION

My signature below authorizes the release of the requested information.

Student Signature _____

Signature of Parent or Guardian _____
(If under 18 years of age)

Address _____

City _____ **State** _____ **Zip code** _____ **Phone #** _____

Records Release Authorization – Instructions

Outreach and Admissions (OA) Counselors may use the “Records Release Authorization” to obtain educational records for Job Corps applicants. The following is an explanation of the sections of the form.

- To:** Agency from which the OA Office requests information (verify correct and current address).
- From:** OA Counselor requesting information.
- Date of Request:** Date request sent by OA Counselor.
- Date of Receipt:** Date OA Counselor received requested information (or center counselor if the request form was sent to the center as documentation that a request for transcripts was made prior to a new student’s enrollment).
- Academic Transcript:** Send request to the High School or Middle School Office (**NOT** to the Guidance or Counseling offices - **often closed during school vacations and breaks**)
- IEP:** Send request to the Office of Special Education or the High School or Middle School Office.
- Mail To:** Enter recipient’s address.
- Telephone Number:** Enter OA Counselor telephone number.
- Signature and Date:** To be completed by person responding to request.
- Student Information:** To be completed by the OA Counselor with the assistance from the applicant.
- Information Release Authorization:** To be complete by the applicant with the assistance of the OA Counselor.