

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		GED Transcript	
Copy High School Diploma		Copy of GED Certificate	
Individual Education Plan, Psycho-educational Evaluations, Eligibility and Triennial Evaluation Reports, and IEP Progress Notes		Medical/Dental Records	
504 Plan and Eligibility Evaluation Reports			

Mail To:

(Center Name) _____
 (Number, Street) _____
 (State, City, ZIP Code) _____

If you have any question regarding this request, please call 1 (____) _____ - _____.

Signature: _____ **Date:** _____
Printed Name: _____

STUDENT INFORMATION

Name: _____

Last
First
Middle

Social Security Number: _____ **Dates of Attendance:** _____
Date of Birth (MM/DD/YY): _____

INFORMATION RELEASE AUTHORIZATION

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

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

Address: _____ **Phone #:** _____

Number, Street, Apt.#

City
State
ZIP Code

Records Release Authorization – Instructions

Admissions counselors (ACs) 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 AC/OA Office is requesting information (verify correct and current address).
- From:** Name of the AC requesting the information.
- Date of Request:** Date when the request is sent by the AC.
- Date of Receipt:** Date when the AC 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 AC 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**).
- GED Transcript or Copy of Certificate:** Send to the GED Testing Service where the applicant took his or her GED tests.
- IEP:** 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 AC’s contact number.
- Name, Signature And Date:** To be completed by the person responding to the request.
- Student Information:** To be completed by the AC 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 a minor), with assistance from the AC.