RECORDS RELEASE AUTHORIZATION

То:	From:	From:		
	Date of Request:			
	Date o	f Receipt:		
Please print your name, sign, date, and retur	n this form with	the information requeste	d below.	
Academic Transcript		h school equivalency (HSE		
Copy of High School Diploma	Cop	y of HSE Certificate		
Individual Education Plan, Psychoeducational Evaluations, Eligibility and Triennial Evaluation Reports, and IEP Progress Notes	Criı	ninal Background Check		
504 Plan and Eligibility Evaluation Reports		dical/Mental Health/Dental ords		
Mail To: (OA Agency/Center Name)			_	
(Number, Street)			<u></u>	
(City, State, Zip Code)				
If you have any question regarding this requ	est, please call (_	<u> </u>		
Signature:		Date:		
Printed Name:		Title:		
STUD	ENT INFOR	MATION		
Name:				
Last		st	Middle	
Social Security Number: D		Dates of School Attend	Dates of School Attendance:	
ate of Birth (MM/DD/YY): M		Mother's Maiden Nan	other's Maiden Name:	
INFORMATION My signature below authorizes the release of for a period of 1 year from the date of this re	the requested in	AUTHORIZATION formation. This authoriz	cation remains in effect	
Student Signature:			_	
Signature of Parent or Guardian: (if applicant is under 18 years of age)			_	
Address:		Phone #·		
Address: Number, Street, Ap	pt.#			
City	State	Zip Code		

July 28, 2014 14-03

Records Release Authorization – Instructions

Admissions Counselors (AC) 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

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).

HSE Transcript or

Copy of Certificate: Send to the HSE testing site where the applicant took his or her 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 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 an unemancipated minor), with assistance from the AC

July 28, 2014 14-03