



Authorization for Release of Information

Name _____ Date _____

Student SSN# _____ Phone _____

Address _____ City _____ State _____ Zip _____

I, (print name) _____ am participating in a workforce training program through Workforce Training and Community Education (WTCE) and I authorize College of Eastern Idaho WTCE to release the requested information to the following entities for the purpose of fulfilling state reporting/grant reporting/ or other reporting requirements, including releasing information to my employer:

My Employer: _____

Other: _____

This includes but is not limited to the following information:

- Name
- Social Security Number
- Attendance & Training dates
- Grades/Progress/Outcomes
- Certifications or Badges earned/awarded

I give permission to the College of Eastern Idaho to release the specified information to the person/entity identified above during the duration of my time in the Workforce Training program. I understand that this information is considered part of a student education record. Further, I understand that by signing this release I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my pervious consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form.

Student Signature _____ Date _____

Printed Name _____