



Authorization to Release Confidential Student / Apprentice Records

I hereby authorize Northwest College of Construction to release confidential information contained in my student and/or apprenticeship records. I agree to hold NWCOOC and its employees harmless for any unauthorized use of my released records.

STUDENT / APPRENTICE INFORMATION:

Name: _____
First Name Middle Initial Last Name

Address: _____
Street Address

_____ City State Zip Code

Phone Number: _____ Email: _____

RELEASE INFORMATION TO:

Organization Name: _____

Address: _____
Street Address

_____ City State Zip Code

Phone Number: _____ Email: _____

RECORDS TO BE RELEASED: check all that apply

- | | |
|---|--|
| <input type="checkbox"/> All Student / Apprenticeship Records | <input type="checkbox"/> Class Attendance/Schedule |
| <input type="checkbox"/> JATC Correspondence | <input type="checkbox"/> Personal Contact (Phone Address) |
| <input type="checkbox"/> Transcripts/Grades | <input type="checkbox"/> Copy of MPR's |
| <input type="checkbox"/> Tuition Payment History | <input type="checkbox"/> On-the-Job and Related Training Hours |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Program Name |
| <input type="checkbox"/> Wage Information | <input type="checkbox"/> Program State and End Dates |

Release will remain in effect for 5 years from the date of signature unless revoked in writing.

Signature: _____ Date: _____