



RELEASE OF INFORMATION PERMISSION AND RECORD

I have reviewed the documents listed below and The Colorado Center for Medical Laboratory Science has my permission to release the following in written and/or verbal form to individuals or organizations that contact them for reference information:

- Academic Transcript
- Non-Academic Summary

I understand that the Center will only release my dates of attendance, graduation date and the documented items above, and that records of to whom and when information was released will be kept.

I understand that if I wish to change permission to release information, I will notify the Center in writing.

I understand that if I do not give "release of information permission" for any of the above, the Center will respond to requests with "the student has not given permission to release that information at this time."

I understand that this "Release of Information" form is valid for a period of one year, and that any release of student information after that time will require an updated form and/or written permission.

Date

Student Name (print or type)

Student Signature

Student Social Security Number

Record of Information Released on reverse of page

RECORD OF INFORMATION RELEASED

DATE	SUMMARY OF INFORMATION RELEASED/SPECIFY WHO INFORMATION WAS RELEASED TO	FACULTY MEMBER

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