



**AUTHORIZATION FOR RELEASE OF INFORMATION
TO A SCHOOL OR AGENCY**

In accordance with the Family Rights and Privacy Act of 1974, as amended, this form constitutes written consent from the student to disclose personally identifiable information from his/her education record to the party listed below for the purposes specified. The receiving party is cautioned that this information may not be released to any other parties without additional written consent of the student.

STUDENT INFORMATION

Student's Full Legal Name – Please Print

Student ID #

I hereby grant permission to the Community College of Vermont to release information about my attendance, grades, performance, and business office account to the school or agency listed below. The purpose of this release of information is to keep the school or agency informed about my educational progress during the time that I am a student at the school or a participant in a program of the agency.

Vermont Association for the Education of Young Children

Full Name of School or Agency

145 Pine Haven Shores Road, Suite 2032

Complete Address of School or Agency

Shelburne

City

VT

State

05482

Zip

This authorization will remain in effect while I am a student or participant at the school or agency listed above or until I inform CCV in writing that I am terminating the authorization.

Student's Signature

Date

To authorize release of information to more than one school or agency, you must submit a separate form for each school or agency.

Return this form to any CCV site or to:

Office of the Registrar
Community College of Vermont
PO Box 120
Waterbury, VT 05676-0120

For Office Use Only:

Rec'd by: _____

Date: _____

Proc by: _____

Date: _____