



**COLORADO CENTER FOR MEDICAL LABORATORY SCIENCE
Student Consent to Release Confidential Information - Transcripts**

The Family Education Rights and Privacy Act (FERPA) was designed to protect the privacy of educational records. In compliance with FERPA Regulation 34 C.F.R. Part 99.30, the disclosure of information from a student’s educational record requires the student to provide signed and dated written consent before CCMLS may disclose personally identifiable information from the student’s educational records, except as provided in section 99.31.

This form must be presented in person with proper identification to CCMLS

Dates of attendance and/or graduation from CCMLS:	Student Name (Last, First, Middle Initial):	Student ID #'s:
	Name during attendance at CCMLS (if different than above):	MSU 900 #: _____ - _____ SS #: XXX - XX - _ _ _ _

____ Long-term use: This authorization will remain in effect for three years from the date below, or until I withdraw this authorization in writing

Type of information that may be released (check all that apply):

- ____ Academic Transcript
- ____ Non-academic Transcript
- ____ Employment/School Reference Information

Persons/Organizations to whom information is to be released:

Persons/Organizations who are requesting transcript(s) for purposes of obtaining employment, application to academic programs.

List of persons/organizations to whom transcript(s) are released will be maintained on the reverse of this form.

I hereby authorize CCMLS to release confidential information to the designated person/organization shown. This authorization is considered valid until changed by the student in writing, or until the expiration date shown above.

_____ **Student Name (printed)**

_____ **Date**

_____ **Student Signature**

INFORMATION RELEASED

DATE

PERSONS/ORGANIZATIONS

**INDIVIDUAL
RELEASING INFORMATION**
