

**RECORDS RELEASE AUTHORIZATION**

**To:** \_\_\_\_\_ **From:** \_\_\_\_\_  
 \_\_\_\_\_ **Date of Request:** \_\_\_\_\_  
 \_\_\_\_\_ **Date of Receipt:** \_\_\_\_\_

Please print your name, sign, date, and return this form with the information requested below.

Academic Transcript		GED Transcript	
Copy of High School Diploma		Copy of GED Certificate	
Individual Education Plan, Psycho-educational Evaluations, Eligibility and Triennial Evaluation Reports, and IEP Progress Notes		Criminal Background Check	
504 Plan and Eligibility Evaluation Reports		Medical/Mental Health/Dental Records	

**Mail To:**

(OA Agency/Center Name) \_\_\_\_\_  
 (Number, Street) \_\_\_\_\_  
 (City, State, Zip Code) \_\_\_\_\_

If you have any question regarding this request, please call (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

**STUDENT INFORMATION**

**Name:**

\_\_\_\_\_ Last First Middle

**Social Security Number:** \_\_\_\_\_ **Dates of Attendance:** \_\_\_\_\_  
**Date of Birth (MM/DD/YY):** \_\_\_\_\_

**INFORMATION RELEASE AUTHORIZATION**

My signature below authorizes the release of the requested information. This authorization remains in effect for a period of one year from the date of this request.

**Student Signature:** \_\_\_\_\_  
**Signature of Parent or Guardian:** \_\_\_\_\_  
 (if applicant is under 18 years of age)

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
 Number, Street, Apt.#  
 \_\_\_\_\_  
 City State Zip Code

**Records Release Authorization – Instructions**

Admissions Counselors (ACs) may use the “Records Release Authorization” to obtain educational records of Job Corps applicants. The following information explains the sections of the form.

- To:** Agency from which the AC/OA office is requesting information (verify correct and current address)
- From:** Name of the AC requesting the information
- Date of Request:** Date when the request is sent by the AC
- Date of Receipt:** Date when the AC received the requested information (or date when the center received the requested information, if the form was sent to the center as documentation that the AC has made the request prior to a student’s enrollment/arrival)
- Academic Transcript or Copy of HSD:** Send request to the high school or middle school office (**NOT** to the guidance or counseling offices, which are **often closed during school breaks and vacations**).
- GED Transcript or Copy of Certificate:** Send to the GED Testing Service where the applicant took his or her GED tests.
- IEP or 504:** Send request to the Office of Special Education, or the high school or middle school office.
- Mail to:** Enter the recipient’s address
- Telephone Number:** Enter the AC’s contact number
- Name, Signature, and Date:** To be completed by the person responding to the request
- Student Information:** To be completed by the AC with information provided by the applicant
- Information Release Authorization:** To be completed by the applicant or the applicant’s parent or guardian (if applicant is an unemancipated minor), with assistance from the AC