

## Client Release of Information (FERPA)

To:

\_\_\_\_\_  
(Name of Training Provider)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and Zip code)

From:

\_\_\_\_\_  
(Name of Participant)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and ZIP code)

The above named educational institution is hereby authorized pursuant to the Family Educational Rights and Privacy Act (FERPA):

1. To release my social security number to a state unemployment insurance agency or other agency that has access to state unemployment insurance wage records for the purpose of determining my employment status for the purposes of monitoring performance standards.
2. To release information concerning my level of educational attainment at the above referenced educational institution to a state entity monitoring performance standards.
3. To release information concerning any financial aid received regarding the above referenced educational institution to a state entity monitoring performance standards.

This release of information is voluntarily given in accordance with the Family Educational Rights and Privacy Act (FERPA) and information provided there under may only be used for the purposes described in paragraphs 1, 2, and 3 above. This release shall continue in full force and effect until revoked by me in writing. A photocopy of this release shall be as effective as an original.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/Guardian Signature (if  
applicable)

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Program Staff Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)