SLCC TECH
Workforce Training & Education

Workforce Training & Education Registration Office

Trainee Consent for Release of Records

Trainee must print, physically sign the document, and scan or send a picture of the signed form along with a current (unexpired) official picture ID when submitting this form in person and online. Send documents to wte@slcc.edu

_____ _____

Last, First (PRINT CLEARLY) **Date of Birth**

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my confidential education records cannot be released without my written permission or without a personal affidavit of dependency certified by my parent or guardian. I therefore, give permission to the **Workforce Training & Education Department** to release educational student information (including academic standing / grades) to the identified person / employer as stated below:

☐ Department of Workforce Services (DWS) ☐ Utah State Board of Education (USBE)

☐ Vocational Rehabilitation (VOC Rehab) ☐ IPSA

☐ Employer_____

AUTHORIZATION: *This authorization is valid for the duration of the trainee's attendance in this program. The trainee may cancel this release by submitting an updated "Trainee Consent for Release of Records" form to the Workforce Training & Education Registration Office.*

_____ Trainee Signature _____ Date

FOR OFFICE USE ONLY:

Verified By (Print Name): Initials: Date:

S#: Enrole ID: