



Office of Admissions & Records
[Name of College or Organization]
[Address]
[Phone Number]

Permission to Release Education Record Information for CBJT Grant funding

Requested By (Student):

Release To (Recipient):

LAST NAME FIRST NAME

LAST NAME FIRST NAME

STUDENT IDENTIFICATION NUMBER

[Name organizations to share data with] US
Dept of Labor

ORGANIZATION/SCHOOL

DATE

ADDRESS

CITY, STATE, ZIP

Education record information to be released:

1. Enrollment in training program (including training beginning and end dates);
2. Completion of training (including training completion or withdrawal);
3. Attainment of an industry/professional certification as a result of training (including credential description, test scores, licensure, attainment of degree or certificate.)
4. Employment Status Prior to training;
5. Employment Attainment at exit/completion of training;
6. Attainment of promotion after completion of training;
7. Employment during training that received a wage increase in first, second, or third quarter after completing training;
8. Change of Employment as the result of training;
9. Unemployment and wage related data;
10. Gender;
11. Ethnicity;
12. Race;
13. Disability Status;
14. Veteran Status;
15. Site Location;
16. Program;
17. Educational Goals;
18. FAFSA (financial aid application) data as needed;
19. Social Security Number (used to capture employment data and award financial aid);
20. Birth date;
21. Permanent and Local Addresses;

- 22. Phone Number and E-Mail Address; and
- 23. Income and Household composition.

Purpose of release:

Fulfillment of state and federal reporting requirements for CBJT grant issued to students through the **[Name of College or Organization]**.

I give permission for the **[Name of College or Organization]** to release the specified information to the recipient(s) listed above. I understand that this information is considered part of a student education, financial, and/or housing record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form.

STUDENT SIGNATURE

DATE

OFFICE USE ONLY

Action taken: Completed Filed Held Other:

DATE

BY WHOM