



## Release of Information Authorization

Student Name \_\_\_\_\_ (please print). Student Number \_\_\_\_\_

I hereby authorize **Mr. Calvin Clark, Executive Trustee and the FUNDET Leadership Student Council** who are providing me with services and /or educational funding to attend Salt Lake Community College/School of Applied Technology (SAT) to openly discuss and share information with the college to assist me in the successful completion of my training program.

I understand that this information will be used to assist me in assessing my student performance, career development goals, and training program adjustments as appropriate to my training program. I understand that my student record and the information shared by the sponsor will be held under strict confidentiality and will only be used for the stated purpose and will be reviewed by the authorized FUNDET trustees and council. **I also realize that I can rescind this authorization in writing at any time.**

I also authorize SAT to share with the sponsor, information regarding my college enrollment, attendance, progress, participation and program completion so that the funding and/or services provided by the sponsor will not be interrupted.

A photocopy or fax copy of this authorization shall be acceptable and considered as valid as an original signed document. I, as undersigned, acknowledge my understanding of this Release form. I further understand that I agree to provide this authorization throughout the period of time that I am enrolled in my program including periods of temporary interruption under the College Leave of Absence Policy.

_____	_____	_____
Student's Name	Student's Signature	Date

_____	_____
FUNDET Student Council Representative	Date