



THE  
CARE  
COURSES  
SCHOOL  
INC.

## Authorization to Release Student Information

### PARTIES NAMED IN RELEASE

I, \_\_\_\_\_, \_\_\_\_\_  
(print full name) (student ID number)

hereby authorize The Care Courses School, Inc., P.O. Box 10526, McLean, VA, 22102, to release to:

\_\_\_\_\_  
(agency, person, organization)

\_\_\_\_\_  
(city, state, zip)

any and all information regarding my Care Courses' coursework.

### CONDITIONS OF THE RELEASE

Effective Dates:

The consent becomes effective \_\_\_\_\_, 20\_\_\_\_. This consent may be revoked by the undersigned at any time except to the extent that action has already been taken. If not revoked, it shall automatically terminate at the end of one year from the effective date or an earlier date of \_\_\_\_\_, 20 \_\_\_\_.

Student signature \_\_\_\_\_

Date signed \_\_\_\_\_