

AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, give my permission for the University of Arizona National Center for Interpretation (UA NCI) to release information about my training participation, performance, and/or test results according to the criteria below:

**1) Individual(s) or Agency(-ies) to which records may be released:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Initial here to allow release to any agency:* \_\_\_\_\_

**2) Specific Purpose(s) for which records may be released:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Initial here to allow release for any purpose:* \_\_\_\_\_

**3) Specific Record(s) which may be released:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Initial here to allow release of all records:* \_\_\_\_\_

**4) Time Limit on Authorization:**

- One Time Use – *This authorization may only be used once.*
- Limited Use – *This authorization expires on:* \_\_\_\_\_
- Long Term Use – *This authorization will remain in effect until I withdraw it in writing.*

I understand that some of my records are protected under the Family Education Rights and Privacy Act of 1974 and cannot be released without my written permission. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by written notice to UA NCI.

**The person and/or agency receiving this information may not disclose the information received to a third party as a result of this disclosure unless specifically authorized in the “Specific Purpose(s)” section of this release.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address