



ECEMS Student Training Record Release Form

Student Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone Number: _____

Release Authorization:

I, _____, hereby authorize the release of my education records as described below:

Recipient (Full Name or Institution Name): _____

Recipient Address: _____

Recipient Email Address: _____

Phone Number: _____

Records to be Released: Grades Certifications Discipline/Behavioral Records

Other: _____

Method of Release: Verbal Email Office Pick Up

Authorization Validation Period: _____ to _____

Revocation of Authorization:

I understand that I have the right to revoke this authorization at any time by providing written notice to Erie County EMS Administrative Staff. However, revocation will not affect any actions taken prior to the receipt of my written revocation.

Acknowledgment:

I understand that by signing this authorization, I am voluntarily releasing my education records to the designated recipient for the specified purpose. I acknowledge that the recipient may disclose these records only with my consent or as permitted by law.

Signature:

By signing below, I certify that I have read and understood the contents of this authorization and voluntarily consent to the release of my education records as described herein.

Signature _____ Date: _____

Note: This form is valid only with the signature of the student or, if applicable, the student's legal guardian. If the student is a minor or otherwise unable to provide consent, the signature of a legal guardian or authorized representative may be required.