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