

FINGER LAKES REGIONAL EMS COUNCIL, INC.



EMERGENCY MEDICAL SERVICES
in affiliation with Finger Lakes Community College

STUDENT CONSENT TO RELEASE NON-DIRECTORY INFORMATION

Finger Lakes regional EMS Council, Inc. (Council) takes the protection of student records seriously, and therefore, will exercise caution in order to serve students' best interest.

The Federal Education Rights and Privacy Act of 1974 (FERPA) allows the release of "Directory Information" without the student's prior consent. This includes dates of attendance, major field of study, degrees and awards received, and prior educational institutions attended. A student may request ALL information be considered private and, therefore, not be released to anyone. A form for this purpose is available and must be submitted to the Council Office for inclusion in the student's course file.

Parents/guardians/spouses or other persons (e.g., sponsor) wishing access to a student's records must obtain a written release using this form. The individual seeking access to the student's records will be required to provide identification prior to being given access to the record.

I, _____, SSN#, _____

(Print student name as it appears on FLREMSC records)

request that any and all information (including, but not limited to: grades, course schedule, financial or account information) in my student record be released to:

| Name | Relationship | Last 4 digits of SS# | Date of Birth |
|------|--------------|----------------------|---------------|
| | | | |
| | | | |

| Name | Relationship | Last 4 digits of SS# | Date of Birth |
|------|--------------|----------------------|---------------|
| | | | |

I understand that this release is only valid for information regarding my enrollment in NYSDOH Bureau of EMS Course No: _____ records. I also understand that I have the right to terminate this authorization by providing written notarized notice to the Council.

Signature of Student

Date

NOTE: This form must be notarized.

State of _____ County of _____

On this ____ day of _____, 20____, personally appeared before me, who is personally known to me/whose identity I proved on the basis of _____ to be the signer of the above instrument.

Notary Public

RETURN FORM TO: Finger Lakes Regional EMS Council, Inc., 90 Pulteney Street, Geneva, NY 14456

FLREMSC, Inc. 90 Pulteney Street Geneva, NY 14456
Phone: 315-789-0108 Fax: 315-789-5638