

Release of Information to Third Party for the purpose of a reference

To: College of New Caledonia Faculty Member(s) _____

Student Name _____ Student # _____

Program Name _____ Program Start / End Date _____

This authorization will be valid until _____ (normally one year after Program End Date above) unless rescinded in writing by the student.

Third Party Information

I, _____ give permission to the above noted faculty member(s) of the College of New Caledonia to release any academic or clinical progress information to _____ for the purpose of a reference.

Student Signature

Date