

## FERPA RELEASE OF INFORMATION STUDENT AUTHORIZATION

This FERPA Release of information ("Release") Missouri limited liability company ("MEDS") and:	is by and between Me	dical Education	Dev & Support LLC, a ("Student"),	
missouri infliced hability company ( miss y and	[Print full legal name of stude	nt]	( Stadelite ),	
and is effective as of the date it is signed by Student belo	ow.			
MEDS is a state of Missouri department of Heal CNA and CMT certification programs.	th and Senior Services	approved trair	ning site specializing in	
MEDS complies with the Family Education al Riginplementing regulations, 34 C.F.R. § 99.1, et seq. FE education records. Subject to certain exceptions allowerecords, photograph, and other protected information authorization.	RPA is a Federal law d by FERPA, MEDS doe	that protects tes not disclose a	the privacy of student student's educational	
MEDS, by and through its owners, member ("Authorized Persons") provides its students with job provide prospective employers certain information about	lacement assistance. S		<u>.</u>	
By signing this Release, Student authorize Authorize Authorized by FERPA, to potential employers of Student for Student hereby requests that Authorized Persprospective employers of Student who may be selected Student information as previously provided by Student be	or the purpose of MEDS ons be allowed to re by Authorized Persons	assisting Stude lease informati in their sole an	nt with job placement.  ion about Student to and absolute discretion.	
Name of Student	Email Address of Student	Email Address of Student		
Address of Student	City	State	Zip	
Telephone Number of Student	Photograph of Stud	dent Yes	No	
This Release may be revoked by Student in writing person(s) and/or office to whom the Release was delivere while Student is enrolled as a Student with MEDS, and for through MEDS.	ed. Absent such revoca or up to 1 year followir	tion, this Releas	se will remain in effect	
[Student Signature]	[Di	ate]		