



FERPA RELEASE OF INFORMATION STUDENT AUTHORIZATION

This FERPA Release of information ("Release") is by and between Medical Education Dev & Support LLC, a Missouri limited liability company ("MEDS") and:

_____ ("Student"), and is effective as of the
[Print full legal name]

date it is signed by Student below.

MEDS is a state of Missouri department of Health and Senior Services approved training site specializing in CNA and CMT certification programs.

MEDS complies with the Family Education al Rights and Privacy Act, 20 U.S.C § 1232g ("FERPA") and FERPA's implementing regulations, 34 C.F.R. § 99.1, et seq. FERPA is a Federal law that protects the privacy of student education records. Subject to certain exceptions allowed by FERPA, MEDS does not disclose a student's educational records, photograph and other protected information about the student to others without that student's written authorization.

MEDS, by and through its owners, members, agents, employees, contractors, and representatives ("Authorized Persons") provides its students with job placement assistance. Such assistance may require MEDS to provide prospective employers certain information about a student.

By signing this Release, Student authorize Authorized Persons to disclose records that may otherwise be protected by FERPA, to potential employers of Student for the purpose of MEDS assisting Student with job placement.

Student hereby requests that Authorized Persons be allowed to release information about Student to prospective employers of Student who may be selected by Authorized Persons in their sole and absolute discretion. Student information as previously provided by Student, that may be released is as follows (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Name of Student | <input type="checkbox"/> Email Address |
| <input type="checkbox"/> Address of Student | <input type="checkbox"/> Photograph of Student |
| <input type="checkbox"/> Telephone Number of Student | |

This Release may be revoked by Student in writing at any time by delivering a written revocation to the same person(s) and/or office to whom the Release was delivered. Absent such revocation, this Release will remain in effect while Student is enrolled as a Student with MEDS, and for up to 1 year following Student's completion of Programs through MEDS.

[Signature]

[Date]

[Print Name]