



Corporate Office: 3730 Coconut Creek Parkway, Suite 200  
Administrative Office: 3720 Coconut Creek Parkway, Suite D  
Coconut Creek, Florida 33066  
Phone: 954-580-2950  
Fax: 954-580-2971  
E-mail: info@WeTrain.org  
URL: www.WeTrain.org

---

## AUTHORIZATION TO RELEASE EDUCATION INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No. XXX - XX - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_

I authorize ABC Institute to release my education information to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_

This request and authorization applies to:

Information relating to the following grades or dates:

Other: \_\_\_\_\_

\_\_\_\_\_

Yes  No I authorize the release of my educational records. I understand that the person(s) listed above has been notified that I must give specific written permission before disclosure of these records to anyone.

Student's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES THIRTY DAYS AFTER IT IS SIGNED.