

*Ph.D. Program in Clinical-Community Psychology
FERPA Release for Practicum Placement Information Exchange*

Date: _____

Name of Student: _____ (please print)

Student ID: _____

Practicum Site: _____

I give permission for the University of Alaska to release my education records, including my criminal background check, immunization records, first aid/CPR certification and any other personally identifiable information to:

_____ (name of clinical site) and

_____ (name of clinical site)

and to any other facilities where I may participate in practicum courses.

The purpose of this release is to convey information relative to my participation in practicum course(s).

I understand that under the Family Educational and Privacy Rights Act, 20 USC 1232g I have the right not to consent to the release of my education records.

This consent shall remain in effect until revoked by me, in writing, and delivered to the local Ph.D. Program Coordinator, but any such revocation shall not affect disclosures made prior to receipt of my written revocation.

Student Signature

Date

Program Director

Date

Note for practicum site: The attached information has been forwarded to you at the request of the student with the understanding that it will not be released to other parties. The Family Educational Rights and Privacy act of 1974, as amended, prohibits release of this information without the student's written consent. Please return this material to us if you are unable to comply with this condition of release