

I HEREBY REQUEST THE BERGEN COUNTY EMS TRAINING CENTER RELEASE A

COPY OF MY STUDENT RECORD.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
TELEPHONE #



**BERGEN COUNTY TECHNICAL SCHOOLS**

Emergency Medical Services Training Center  
East 281 Pascack Road, Paramus, New Jersey 07652-4952 • Tel. (201) 343-3407

## Student Information Release Form – FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974 (the Buckley Amendment) insures students of the right to privacy and confidentiality with respect to their educational records. With a student's written consent, the Director may disclose any confidential information on file to any individual or agency named by the student.

This form is provided as a means for students to give the Director (or designee) permission to discuss their academic records with someone other than themselves (i.e., parent, guardian, etc.)

Written consent will be kept permanently on file, and the Director (or designee) will release information regarding the student's academic record to those person(s) who have been designated on this form. If for any reason a student decides to cancel this release, he/she must submit a letter to the Director, withdrawing the consent, indicate the person(s) affected. Send or deliver the written notice to: Michael Tarantino, EMS Director, Bergen County EMS Training Center, East 281 Pascack Road, Paramus, NJ 07652.

**Academic Records consist of grades, attendance and related academic records.**

**I hereby authorize the Director (or designee) to release information regarding my academic record to the person(s) whose name appear below:**

Student's Name (Print): \_\_\_\_\_ Student ID#: \_\_\_\_\_

Disclose to Name (Print): \_\_\_\_\_

Disclose to Name (Print): \_\_\_\_\_

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

Guardian's Name (Print if Applicable): \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator's Name (Print): \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_