

# AMERICAN TRAINING SCHOOL FOR MEDICAL PROFESSIONALS



## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Completion Date

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Name of Student

To disclose to \_\_\_\_\_ the following information:

- |                          |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Official School Transcript |
| <input type="checkbox"/> | Report Card                |
| <input type="checkbox"/> | Certificate of Completion  |
| <input type="checkbox"/> | Other _____                |

### Exchange Information By:

- |                          |                |
|--------------------------|----------------|
| <input type="checkbox"/> | Correspondence |
| <input type="checkbox"/> | Email          |
| <input type="checkbox"/> | Fax            |

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

### TO THE PARTY RECEIVING THIS INFORMATION:

This information has been disclosed to you from records whose confidentiality may be protected by federal law. If so, federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of information is not sufficient for this purpose. **FOR STUDENT RECORDS APPLICABLE UNDER FEDERAL LAW 42CFR PART 2.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
THIRD PARTY RECEIVING

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE