

Authorization to Release Learner Records

Learner records are kept confidential and may only be released to a third party with written consent of the learner

Learner's name: _____, _____
(Last name) (First name)

Item or items to be released:

1. Transcripts awarded _____
2. Complete Learner Record (includes course scores) _____

Please release a copy of the above listed document(s) to the following organization or university:

Reason for disclosure of learner records:

I hereby give my consent and grant authorization to KIT's National Training Center on Inclusion (NTCI) to release the learner records specified above to the party or parties identified above.

LEARNER SIGNATURE

DATE

A COPY OF THE LEARNER'S PHOTO ID MUST BE SUBMITTED WITH THE REQUEST.

Requests will be processed within 15 working days.

Mail: 2820 Roosevelt Road, Suite 202
San Diego, CA 92106
Phone: 858.225.5680
Fax: 619.758.0949
Email: support@KITonline.org