

**Portland Community College  
Southeast Campus  
OCCUPATIONAL SKILLS TRAINING**

**RELEASE OF INFORMATION AUTHORIZATION**

Portland Community College must follow all applicable state and federal laws (FERPA), rules and regulations that apply to student records.

**Print legal name:** \_\_\_\_\_

**Student ID or Date of Birth:** \_\_\_\_\_

By signing this document, I am authorizing Portland Community College's Occupational Skills Training staff to release and share information with the partner agencies, which I have initialed below, for the purpose of academic and vocational planning, monitoring, and assistance.

I further give my permission for Portland Community College's Occupational Skills Training staff to share and/or forward my resume, cover letter, and any other relevant information to potential employers assisting me in securing on the job training and/or employment.

Please <b>initial</b> the box in front of those that apply:	
	Vocational/Career Counselor:
	Funding Agency:
	Employers for the purpose of training site development or employment verification
	Employment Department for the purpose of employment verification
	Other – Please list here:

This PCC Release of Information will remain in effect until cancelled in writing by me or for six months beyond the duration of my training as a duly enrolled student/participant of Portland Community College.  
I understand the purpose of this authorization.

I am signing on my own and have not been pressured to do so.

PCC and its employees are released from liability for the manner in which my records are used by the parties I have chosen to initial above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return signed form to:** Portland Community College Occupational Skills Training  
2305 SE 82<sup>nd</sup> Avenue  
Portland, OR 97216  
Telephone: 971-722-6127                      Fax: 971-722-6124