



## Training Participant Consent to Release Information

**Instructions to Training Participant:** Carefully read the information below. After completing the form, submit to the Professional Development Program, Rockefeller College, University at Albany (PDP) to authorize release of your information.

I, \_\_\_\_\_, hereby given written consent for PDP to disclose, make accessible, and furnish my training records, as described below:

\_\_\_ **Course Enrollment Status**                      \_\_\_ **Scholarship or Rebate Records**  
 \_\_\_ **Course Completion Status**                      \_\_\_ **Other\*** (*describe below*)

**\*(Other Description:** \_\_\_\_\_)

for the purpose of \_\_\_\_\_  
 (*Specify purpose of the release*)

to \_\_\_\_\_.  
 (*Identify the party or class of parties to whom this release is made; this may include self in circumstances where electronic trainee access to records or electronic confirmation of identify is no longer possible*)

I understand that this written consent will remain in effect until I notify the Professional Development Program, in writing, to cancel it. I understand that the specific information is being released at my request. PDP is hereby released from all legal responsibility and liability pertaining to the release of the above-mentioned information.

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please note:** If the PDP is not able to authenticate a third party, any requests made by the third party will be denied.