

Authorization for Release of Student Records
Kansas Fire & Rescue Training Institute

Date of Request: _____

Full Name: _____

Date of Birth: _____

Home Mailing Address: Street address: _____

City, State, Zip: _____

Fire Department/Organization: _____

I authorize the Kansas Fire & Rescue Training Institute, The University of Kansas, to release the information listed and/or checked below from your records to the person named below. I understand that information in these records includes information designated as protected information by federal and state law, such as social security numbers, and authorize you to release the identified information to the person or organization listed hereon.

This is a one-time release and no longer valid authority for further release of information after the requested report has been prepared and mailed.**

Please release the information marked/identified below:

National Certification Exam Results (including scores and any re-test results)

Training Course Exam Results (including scores): list course: _____

Records of all training and certification activities – a transcript (may include exam scores)

Please mail this information to:

Name: _____

Address: _____

City/State/Zip: _____

Signature: _____

Mail completed form to the Kansas Fire & Rescue Training Institute, 1515 St. Andrews Dr., Lawrence, KS 66047

Notes:

*****The information contained in this report will be mailed via USPS only to the person(s) specifically identified on this form. No email, voice confirmations via phone or other forms of release will be provided. No personal “in-person” releases will be honored except for releases related to the person on whom the record is kept.***