

Cooperative Education Release of Information Consent Form

Please complete this form, sign, date and mail to: Julie Greene, Director, Career Services and Cooperative Education, CT State Manchester, Great Path, MS #8, P.O. Box 1046, Manchester, CT 06045-1046 | Email: jgreene@manchestercc.edu | Phone: 860-512-3372 | Fax: 860-512-3371

STUDENT'S AUTHORIZATION FOR DISCLOSURE OF NON-DIRECTORY INFORMATION

Student Authorizing Release:

First	Middle	Last
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I authorize representatives of CT State Manchester to disclose the specific information I have identified below to individuals employed at organizations that offer internships and cooperative education experiences when/if these individuals have a need to know this information to evaluate my application. I authorize the use of my personal information for the purposes of seeking recommendations for employment, internships, or other college admissions on my behalf; applying for an internship or coop; and documenting my fieldwork/placement and number of hours completed.

The information that is allowable for release under this consent is:

- Resume or CV
- Home address, phone number, email and LinkedIn profile
- Transcript/GPA
- Disciplinary records
- Other (please specify)

REQUIRED

By signing this form, I understand that I am providing consent for representatives of CT State Manchester to share non-directory information with non-institutional individuals or organizations for the purposes specified above.

Student's Signature	Date
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