

Co-Op Registration Packet: Release of Information

Students must complete the "Co-Op Registration Packet: Release of Information Form" as a part of the "Co-Op Registration Packet."

Purpose: Authorization for **Northern Virginia Community College (NOVA) and the Employer** to release student information is required for registration and facilitation of a Cooperative Education or Coordinated Internship course.

Submit to: Coordinator of Cooperative Education & Coordinated Internship Services

Student Contact Information:

First Name: _____

Last Name: _____

I.D. Number _____

Home Telephone Number (____) _____

Cellular Phone Number: (____) _____

Home Address: _____
Number & Street *City* *state* *ZIP*

NOVA Email Address: _____ @ email.vccs.edu

Employer:

Name of Employer: _____

Employer Address: _____
Number & Street *City* *state* *ZIP*

Permission to Release Information:

I hereby give consent and permission to Northern Virginia Community College (NOVA) as well as Cooperative Education & Coordinated Internships Services and Instructors to release necessary student information and records to the Employer.

I also hereby give consent and permission to the Employer to release necessary Student Intern Employee information and records to Northern Virginia Community College (NOVA) as well as the Cooperative Education & Coordinated Internship Services and Cooperative Education and Coordinated Internship course Instructors.

Student Signature: _____
(Parent signature required if student is less than 18 years old.)

Date: _____