

Internship Registration Packet: Release of Information

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

Submit to: Academic Department or Coordinator of Curriculum Initiatives.

Student Contact Information:

First Name: _____

Last Name: _____

Home Telephone Number: _____ Cell Phone Number: _____

NOVA Email Address: _____ @ email.vccs.edu

Employer:

Name of Employer: _____

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

Student Permission to Release Information:

I hereby give consent and permission to Northern Virginia Community College (NOVA), as well as the Faculty Supervisor to release necessary student information and records (including Personally Identifiable Information) to the Internship Employer. I also hereby give consent and permission to the Internship Employer to release necessary Student Intern employment information and records to NOVA, as well as the Faculty Supervisor.

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

Employer Acknowledgement to Protect Information:

The Employer, and on behalf of its employees and agents, hereby acknowledges and affirms that they will not disclose or re-disclose Personally Identifiable Information, including student email addresses, received from NOVA about the Student to any third parties or use the information for purposes other than the internship or employment process.

Employer Signature: _____ Date: _____

Name and Title: _____