



Career and Technical Education Student Information Release Form

IC 20-20-38-14.5

I, _____, AGREE to release information regarding my
Your Full Name
enrollment (emancipated student) or my student’s enrollment in a career or technical education course to potential employers that contact the school to recruit students with particular career and technical skills. The school shall also provide enrollment information to the department of workforce development through the InTERS reporting system. The DWD may provide the enrollment information to potential employers that contact the DWD to recruit students with particular career and technical education skills.

I, _____, REFUSE to release information regarding my
Your Full Name
enrollment (emancipated student) or my student’s enrollment in a career or technical education course to potential employers that contact the school to recruit students with particular career and technical skills.

I understand the information may be released orally or in the form of copies of written enrollment information, we preferred by the requester. I have a right to inspect any written information released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Department of Workforce Development by emailing CTEReleaseForm@dwd.IN.gov. I further understand that until this revocation is made, this consent shall remain in effect and my enrollment information will continue to be provided as detailed in this Consent.

Name (print) [parent or emancipated student] _____

Signature: _____

Date: _____

Student Email Address: _____

This completed document shall be maintained in the student’s cumulative folder.