



## Career and Technical Education Student Information Release Form

IC 20-20-38-14.5

Student Name (print) \_\_\_\_\_

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 (DWD) 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, when 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 Governor's Workforce Cabinet's Office of Career and Technical Education by emailing [CTE@gov.IN.gov](mailto:CTE@gov.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.*

