WAIVER AND RELEASE OF RECORDS

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree that Central Shenandoah Criminal Justice

 [name of student]

Training Academy (CSCJTA) can and upon request shall release to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [employing/sponsoring agency]

any and all information and records associated with my attendance at CSCJTA, including but not

limited to (1) reports, information and scholastic records specific to me individually, such as

records, reports and information detailing my attendance, performance, activities, interactions with

others and achievement levels, and (2) training materials, assessments and other information used

during or relating to my attendance. Further, I waive any and all privacy protections and rights and

all liability, causes of action, claims, demands or suits of any kind or nature whatsoever that may

exist or accrue as a result of the release of records as authorized herein.

This waiver and release shall endure and remain valid and in full force and effect from and

after the date below, unless and until it is expressly revoked by the undersigned by written notice

personally delivered to the Executive Director of CSCJTA.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [signature]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [printed name]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [date]

ADM 136 Revised 12/2/15