



Mail or fax completed form to:
 Student Services
 ChildCare Education Institute
 3059 Peachtree Industrial Blvd, Suite 100
 Duluth, GA 30097
 Fax: 866.878.3608

Authorization to Release Student Information

I, _____ am currently (or have been in the past) a student enrolled in _____, a program offered by Childcare Education Institute, LLC. I acknowledge that as a part of my enrollment, CCEI maintains certain information regarding my enrollment and completion of components of the program. I hereby authorize CCEI, its affiliates and representatives to provide and remit to my center administration, ownership and any regional or corporate personnel associated with the management and reporting of my education and training as it relates to my job qualifications and the persons and entities listed below as "Additional Authorized Recipients", in any method, whether in writing, orally or electronically, any and all information maintained by CCEI in connection with my enrollment, progress or completion of any program I have been enrolled in or am currently enrolled in with CCEI. I agree to indemnify and hold harmless CCEI, its affiliates, employees, members and representatives from any and all damages, liabilities and costs and expenses that any of them may suffer as a result of any claim or action in any way related to CCEI's transmittal or disclosure of information pertaining to my enrollment in any program with CCEI in accordance with this authorization.

ADDITIONAL AUTHORIZED RECIPIENTS:

Name: _____

Name: _____

Name: _____

 Student Signature

 Date