

Northwest Community Healthcare (NCH)
PARAMEDIC PROGRAM

Consent and Release of Academic Information

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. By signing this form, I certify that I agree to selective disclosure of my educational records.

For **Harper College** Paramedic student/applicant purposes, the release applies to the following educational records:

- Status of receipt of required Paramedic admission documentation
- Pre-college test scores and resulting placements
- Harper academic transcript
- Records concerning tuition and billing
- Results from program admission evaluation

For **Northwest Community Healthcare Paramedic Program** academic information, the release applies to the following educational records:

- Formative and/or summative evaluations of student performance
- Individual education plans (IEPs) if placed on guided study
- Status reports on achievement of course objectives/patient care contacts
- Results of sustained Incident Reports involving the student unless protected under the Medical Studies Act.

I authorize the release of academic information to the following:

- Connie J. Mattera, MS, RN, EMS Administrative Director and Paramedic Program Director
- Dr. John Ortinau and/or the current Program Medical Director
- **EMS Agency:** Chief/EMS CEO and Provider EMS Coordinator of current employer; potential employer (upon written request), and/or agency with which I have an affiliation agreement for the Field Internship
- **EMS System:** Assigned NWC EMSS Hospital EMS Coordinator/educator; and/or potential System EMSC (upon written request)

I release and fully discharge NCH, and its employees, agents, and representatives, from any claim, damages, liability, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I represent and certify that my true age is at least 18 years old and am competent to contract in my own name. I have read this entire Consent and Release form. I fully understand the contents, meaning, and impact of this release and agree to be bound by it.

Student PRINTED NAME

Date

Student signature

NCH Paramedic Program representative

Phone: _____

Email: _____