



"Commitment to Excellence"

Authorization For Release And/or Request of Information
In Conjunction with Chief Recommendation

This form is to be completed by a student who also submits a Chief Recommendation Form. *Completion of this form does not guarantee admission.*

I, [student's full legal name]:

residing at:

Student's Address

City

State

Zip

hereby authorize: Coral Springs Regional Institute of Public Safety, 4180 NW 120th Ave. Coral Springs, FL 33065

to engage in verbal/written communication regarding my academic and skills performance to
[recommending Chief]:

For registration period: Winter Spring Summer Fall 20 ____

This authorization is valid until the end of the course for which I am currently registering for unless revoked in writing by me. I understand I may revoke this consent upon providing written notice to CSRIPS, but that such revocation shall not apply to records already released pursuant to this consent.

Student Signature

Date