



**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 Self Study CDA Infant/Toddler, 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:** Please add name of staff who should have access to this student's CDA progress

Name: Mary Marietta

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date