



8/17/2018

807 Broad Street, Providence, RI 02907
Phone: (401) 781-1098 Fax: (401) 461-4384

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Student's Name: _____ Address: _____

Email: _____ Phone#: _____

I request and authorize, The Community College of Rhode Island permission to release my contact information to the Rhode Island Indian Council, in order to qualify me for tuition assistance under their WIOA program. Please forward my above contact information to the follow Company:

Name: Rhode Island Indian Council, Inc.

Address: 807 Broad Street

City: Providence State: RI Zip Code: 02907

Email: dwaldron@rhodeislandindiancouncil.org - Fax: (401) 461-4384 - Phone: (401) 781-1098

This request and authorization applies to:

Federal or State recognized students enrolled at CCRI for fall 2018 - spring 2019. This Information will be use to contact Native American students who qualify for the WIOA tuition assistance program provided by the Rhode Island Indian Council, Inc. The Rhode Island Indian Council reassures that this information will not be shared with any other profit or nonprofit organization.

Please check **Yes** or **No** to the following questions:

Yes **No** I authorize the release of my personal phone number, email address and mailing address to the Rhode Island Indian Council, Inc. The student listed above will be notified by CCRI that they must give specific written permission before disclosure of their contact information.

Yes **No** I authorize the release of my Native American Affiliation, federal or State recognized tribal information, which will help the Rhode Island Indian Council, Inc., determine my eligibility for the WIOA tuition assistance program.

Student Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.