

# Authorization to Release Information

Big Rig Driving Academy will not provide information verbally and will not release information to anyone by email or fax without a signed Authorization to Release Information from Big Rig Training Academy. Only the student may request and authorize release of records regardless of party responsible for tuition



Due to volume of enrollments, length of class, and employee privacy Big Rig Driving Academy cannot provide students with a letter of recommendation.

Certificates are issued electronically to students who have fully paid for their chosen course and have completed at minimum 75% of their class hours, completed the Entry Level Driver Training session, and have successfully passed the CT DMV road test.

Documents will be sent in PDF format by email and may take up to 2 business days to complete.

Student Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Program: \_\_\_\_\_ Completion Date: \_\_\_\_\_

I hereby authorize and request Big Rig Driving Academy release to me a copy of the following documents:

- Copy of Transcript
- CDL Duplicate Certificate – graduate must have completed 75% of training hours and passed DMV skills test
- Forklift Duplicate Certificate – duplicate certificates will be issued if the student has completed their course within 2 years of current calendar date. Certificates older than 2 years will require recertification

Special considerations for federal or state officials including Officers of the Court or the Department of Corrections:  
Officer Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Document: \_\_\_\_\_  
Instructions: \_\_\_\_\_

I understand that my authorization will remain effective from the date of my signature until one (1) month after the date this document was signed and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand it may take up to 48 hours during normal business hours (Monday-Friday, excluding school holidays) before my document is released.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_ Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date