



# CERTIFICATION FILE/INFORMATION RELEASE

Name			
Last 4 of SSN		Date:	
Current Address			
Email Address		Phone #	

This release is being made in conjunction with a request by \_\_\_\_\_ for further information pertaining to me that may be contained in either my student and/or officer file that is maintained at the Nebraska Law Enforcement Training Center.

I authorize the Nebraska Law Enforcement Training Center (hereinafter N.L.E.T.C.) to release the information listed below to \_\_\_\_\_, or another authorized representative of \_\_\_\_\_. This release shall include information pertaining to certification and certification status, employment, medical, and educational records, which shall include, but not be limited to, academic, achievement, certification, attendance, athletic, personal history, and disciplinary records. (Please mark the items to be released.)

<input type="checkbox"/> TABE Results	<input type="checkbox"/> Transcripts	<input type="checkbox"/> Certification Documents
<input type="checkbox"/> Other (please specify)		

I understand that N.L.E.T.C. will release this requested information by the most expeditious means possible unless otherwise indicated by me. I specifically authorize N.L.E.T.C. to release the requested information by: (Please mark all requested release option(s)).

<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile	<input type="checkbox"/> USPS Mail	<input type="checkbox"/> Personal on-site inspection only
--------------------------------	------------------------------------	------------------------------------	---

Recipients' Information:

Address			
Email		Fax *	

I hereby release N.L.E.T.C., as custodian of the above records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me at the above-mentioned address. This release of information form, or a duly executed photocopy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Return completed form to:  
Nebraska Law Enforcement Training Center  
3600 North Academy Road Grand Island, NE 68801

Fax: 308-385-6032