

**Consent Form for Student's Disclosure to the  
Connecticut Department of Labor**

To: Registrar, [ \_\_\_\_\_ ] (Postsecondary Institution)]

From: \_\_\_\_\_  
Student's First Name                      Middle Initial                      Last Name  
\_\_\_\_\_  
Permanent Street Address                      City                      State                      Zip Code  
\_\_\_\_\_  
Student Identification Number, if available

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I consent to the disclosure of any personally identifiable information from my academic records (including admission and registration information, class attendance records and copies of certificates or diplomas awarded) to the Connecticut Department of Labor at the address below, in view of my participation in the Department's Trade Act Assistance (TAA) Approved Training Program, that provided the full funding for my attendance at this institution. This authorization will remain in effect for the entire training approval period and for six months thereafter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your typed name can substitute for a handwritten signature.*

*Address of Connecticut Department of Labor:*

*Trade Assistance Unit  
Connecticut Department of Labor  
200 Folly Brook Boulevard  
Wethersfield, CT 06109  
Telephone: (860) 263-6070  
Fax (860) 263-6631*

TAA-FERPA

8/2019