



New Mexico Job Challenge Academy

300 San Pedro Drive NE
Leon Harms Youth Hall
Albuquerque, NM 87108

Authorization to Release Confidential Information

Please print in blue or black ink

Purpose: This form authorizes NMNGJCA to contact outside agencies and exchange information, if necessary, to ensure your application can be properly reviewed for acceptance.

Applicant Full Name: _____

Date of Birth (mm/dd/yyyy): _____

City & County of Current Residence: _____

Authorization to Release Information

We hereby authorize the release of all information regarding but not limited to the following: school attendance and grades, substance abuse history, juvenile referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the New Mexico National Guard Youth Challenge Academy (NMNGJCA) relevant to the health, safety, welfare and quality of life of the aforementioned Applicant.

We understand that these records are protected under federal confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. NMNGJCA follows federal protections for participant privacy in accordance with HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Federal Educational Rights and Privacy Act). HIPAA protects the confidentiality of medical information and FERPA protects the confidentiality of educational records.

We also understand that this authorization is valid from the date of signature and that we may revoke this authorization at any time. This authorization automatically expires upon completion of the post-residential phase of the Program or immediately following termination from the Program, whichever occurs first.

By signing below, we authorize the NMNGJCA staff to request information about the aforementioned Applicant from outside agencies. Please note failure to disclose information or refusal to sign this release could delay your acceptance.

Applicant Printed Name

Applicant Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date