

**McDowell Technical Community College  
Appendix D**

**Emergency Medical Program  
Authorization for Release of Academic Information**

In compliance with the Family Education Rights and Privacy Act, I \_\_\_\_\_,  
being 18 years of age or over hereby authorize McDowell Technical Community College  
Emergency Medical Program, to release my transcript, grades, pre-college test scores, academic EMS Program  
records, and any EMS Program disciplinary information and actions to the North Carolina Office of EMS and the  
National Registry of Emergency Medical Technicians as needed.

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

Date \_\_\_\_\_