



**CONSENT AND AUTHORIZATION TO RELEASE STUDENT
EMPLOYER SURVEY INFORMATION**

I, the undersigned graduate of the Respiratory Care Program sponsored by

consent to and hereby authorize my employer and any of its representatives to release the CoARC Employer Survey information about my performance requested on the CoARC Employer Survey to the following named individuals or entities:

Name	Relationship to me	Purpose for release
CoARC	Accrediting Agency	Outcomes Data

I understand that by signing this consent and authorization form, I am authorizing the designated department supervisor to release information which is otherwise private and may not be accessible to the institution and the accrediting agency named above.