

EMS Agency Tuition Obligation	Consent to Release Student Educational Information
<p>This is to certify that the individual listed below is a member of this EMS Agency.</p> <p>I further certify that should the person listed below drop the course, not complete course requirements listed in the Course Tuition Policies & Procedures for EMS classes being offered through Arnot Health document., be dismissed from the EMS course listed below; this Agency may be held responsible for full tuition/fees/texts/supplies incurred by this student.</p> <p>This form must be returned to Arnot Health EMS Program, EMSTAR, 1058 West Church Street, Elmira, New York, 14905 no later than 10 days after the first day of class or the student named below may be dismissed from class. This form must be signed by Agency Chief, Captain, Treasurer or person responsible to make monetary commitment for organization.</p> <p>For those students registering for a course higher than the level at which the agency is certified, the difference in the tuition reimbursement will be charged to the student/agency.</p>	<p>By completing this authorization and consent form, the student grants the NYS BEMS course sponsor, Arnot Ogden Medical Center permission to release some or all of their Academic Records (grades, GPA, Student Account and Billing) to the EMS Agency official to which the student is affiliated. It is understood the information may be released orally or in the form of copies of written records.</p> <p> <input type="checkbox"/> I consent <input type="checkbox"/> I do not consent </p> <p>Student Signature: _____</p>

Student Name: _____

Course #: _____

Agency Name: _____

EMS Agency Code: _____

EMS Agency Level of Certification: BASIC (includes Certified First Responder Agencies) AEMT Paramedic

Authorized Agency Representative

Name: _____ Title: _____

Phone #: _____ Email: _____

Signature: _____ Date: _____