

COMPLAINT INFORMATION RELEASE AUTHORIZATION

Certain information contained in a complaint file may be considered confidential pursuant to state or federal law. It is the intention of the Division of Postsecondary State Authorization (DPSA) to protect the privacy of any information that may be confidential. I understand that in order for DPSA to discuss such confidential information with a third party, a signed authorization must be on file. Therefore, I am filing this release with DPSA, and I understand that this release applies ONLY to confidential information reasonably related to my complaint filed against _____.

(Name of Institution or Agent)

PRINT CLEARLY

Therefore, I, _____, authorize DPSA to discuss the above-indicated information with:

Name	Relationship

The above information will be released with my FULL CONSENT. I understand this release remains in effect as long as DPSA retains a record of my complaint or until I submit a written request to revoke it, whichever is earlier.

Signature

Date

NOTARY

I certify that the above individual appeared before me and signed this Complaint Information Release Authorization:

Sworn and subscribed before me on this, the _____ day of _____, 20_____

Notary Signature

Date Commission Expires