

Bemidji State University
Criminal Justice Department

CONSENT FOR THE REQUEST/RELEASE OF
INFORMATION

I, the undersigned student, hereby authorize the Internship Coordinator of the Criminal Justice Department of Bemidji State University to exchange information regarding myself for the purpose of establishing and/or completing my internship. The information that may be exchanged includes:

- References
- Enrollment
- Academic Transcript
- Internship Application Form Information
- Related Criminal Justice Information (i.e., organization/club membership, community involvement).
- References

I understand that my internship records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in Bemidji State University regulations/policies. I understand that information exchanged is limited to person(s) who would require access to my data within the purpose of securing or completing my internship.

Date Executed: _____ Consent Expires: _____

(Signature)