

**The Council on Chiropractic Education (CCE)**

**Release of Information**

Please use this form to request information to be released by the CCE Administrative Office in accordance with CCE Policy 40, *File Management, Release of Information and Privacy*.

**Requester**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Information Required (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date Information Needed: \_\_\_\_\_

\* \* \* \* \*

**CCE Administrative Office**

1. In accordance with CCE policy and procedures, the information requested above is available for release: Yes No (Circle one) If No, STOP, send letter to requester.

2. If Yes to above, list records copied (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In accordance with CCE policy and procedures cost of records copied: \$ \_\_\_\_\_

4. Review/approval by CCE President: \_\_\_\_\_ Date: \_\_\_\_\_