



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: _____

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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: _____