

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: _____

Email: _____

2. Information Requested (be specific, i.e., years, dates, etc.):

3. Reason for Request: _____

* * * * *

CCE Administrative Office

1. In accordance with CCE policy and procedures, the information requested above is available for release: Yes No 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: _____