

PLA INFORMATION RELEASE FORM

Date			
Name			
Last	First	Middle	Student Identification Number
Mailing Address		Phone	
City, State, Zip			
I DO NOT authorize the release purposes.	of my Prior Learning Assess	sment (PLA) po	rtfolio information for instructional
Student Signature		Date	
I authorize the release of my Pr	ior Learning Assessment (PL	A) portfolio for	instructional
purposes (identifying informatio	n will be removed and destro	oyed).	
This release is valid until revo	oked at my request.		
Student Signature		Date	
I hereby revoke the above in	formation.		
Student Signature		Date	