



**FERPA RELEASE FORM**

**Student Information**

**Name:** \_\_\_\_\_ **Soc. Sec. #\*:** \_\_\_\_\_  
Last First Middle Initial

**Mailing Address:** \_\_\_\_\_  
Number Street City State Zip

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**I give permission to Auburn Career Center to release selected information to the recipient(s) listed for the purpose of (please check one):**  To aid in making present and future educational decisions.  
 Other (please specify): \_\_\_\_\_

**Types of Information to Release**

- All Records**
- Accounting** Includes tuition and fee balances, mailing and billing addresses, payment plans, accounting statements and collections and debt information.
- Admission** Includes dates of application, program selected, documents received, documents pending, dates of Admission, admission status and conditions of admission.
- Registration** Includes current enrollment, dates of enrollment activity, enrollment status, courses/modules attended, and mailing address information.
- Academic Records** Includes courses taken, grades received, GPA, academic progress, attendance, and certifications awarded.
- Financial Aid** Includes all general financial aid information.

<b>Check One:</b>	<b>Releasee:</b>	<b>Relationship:</b>
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____
<input checked="" type="checkbox"/> Release To <input type="checkbox"/> Cancel	Ohio Department of Job & Family Services 145 South Front St, Columbus, OH 43215	State Reporting Agency
<input checked="" type="checkbox"/> Release To <input type="checkbox"/> Cancel	Ohio Department of Higher Education 25 S. Front Street, Columbus, OH 43266	State Reporting Agency

**Authorization**

\_\_\_\_\_  
Signature of Student/Parent or Guardian\*\*

\_\_\_\_\_  
Date

\*Use of Social Security Number is optional. If you choose to provide your Social Security Number, it will be used to maintain your file and assure prompt and accurate reporting.\*\*Students under the age of 18 must have this consent form signed by the student's parent or guardian.

## **FERPA ~ Information**

The Family Educational Rights and Privacy Act (FERPA) deals specifically with the education records of students, affording parents/students certain rights with respect to those records. For purposes of definition, “education records” are generally those records that:

- 1) Contain information directly related to a student; and
  
- 2) Are maintained by an educational agency or institution or a party acting for the agency or institution.

FERPA applies to all educational agencies and institutions that receive funding under most programs administered by the Secretary of Education (34 C.F.R. 99.1).

FERPA gives parents of students the right to inspect and review their children’s education records. Furthermore, parents have other rights including the right to request amendment of records, and to have some control over the disclosure of personally identifiable information from these records. When a student reaches 18 years of age or attends a postsecondary institution, all rights under FERPA transfer from the parent to the student.

For more detailed information on FERPA and the Board’s policies related to same, please see Board Policy Nos. 8330 and 8350 available at <https://go.boarddocs.com/oh/aubcc/Board.nsf/Public>



## **Requirements for Firefighter 1 & 2**

1. Must not have a beard (see Ohio Administrative Code, Chapter 4121:1-21)
2. Have not been convicted of, pled guilty to, or had a judicial finding of guilt for fraud, felony, misdemeanor involving moral turpitude, and violation of any federal, state, county or municipal narcotics law.
3. Must provide evidence of a physical exam as required by the Ohio Revised Code.
4. Must use self-contained breathing apparatus as prescribed in the Ohio Administrative Code, Chapter 4121:1-21
5. Provide verification of online National Incident Management System (NIMS) training IS-100 and IS-700. Directions regarding obtaining this are attached.
6. Student is responsible for any additional requirements as prescribed by the local chartered teaching institution.
7. Maintain 80% score on class quizzes and 75% on class final exam.
8. Follow student handbook guidelines.

I, hereby, state that I have read, understand and will comply with all of the above listed fire training requirements as they affect a fire-training course and Auburn Career Center.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**WAIVER**

The **Auburn Career Center** in making available its or other selected facilities, training grounds, equipment, and its staff, to provide an opportunity to learn on the parts of its students and other invitees, making no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds, or equipment.

The training facility assumes no liability for and shall be indemnified and held harmless for any claims, demands or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any cause, including but not limited to, the condition and operation of training facility facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff.

The members of the training facility staff and the instructors who are independent contractors with the state, in their personal and representative capacity, assume no liability for and shall be indemnified and held harmless from suit of any nature, kind, or description whatsoever, including costs and expenses for or possessed by any student or other invitee or any injury to such person which may result from any cause whatsoever.

Student or invitee hereby authorized the training facility to seek emergency medical assistance on his behalf, as necessary, and agrees to pay for any and all medical expense incurred on his behalf. Student or invitee shall indemnify and hold harmless the training facility for any and all such emergency medical expenses.

\_\_\_\_\_

Student or Invitee

\_\_\_\_\_

Date

**To be completed by student or invitee (Please Print)**

Name \_\_\_\_\_

Representing \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip Code \_\_\_\_\_



***BCI FINGERPRINT INFORMATION***

Please be sure to let them know that your BCI Results need to be sent to the  
**Auburn Career Center, 8221 Auburn Road, Concord OH 44077**

**Attn: Adult Workforce for your files.**

**ESC of the Western Reserve - APPOINTMENT ONLY**

**Technology Learning Center @ Auburn Career Center**

**Required: Driver's License or a State issued ID**

8221 Auburn Road

Painesville OH 44077

440.350.2563 x.0

**Hours:** Monday thru Friday from 8:30 am – 3:30 pm (last appointment)

**Summer Hours:** (June 17<sup>th</sup> – August 5<sup>th</sup>) Monday thru Friday from 8:30 am – 2:30 pm

**Payment Method:** CASH (exact amount)

CHECK or CREDIT CARD

BCI only - \$35.00

***Prices Subject to Change***

***BCI Reason Fingerprint Code: 109 578 Prospective Firefighters and Volunteer  
Firefighters/EMT Applicants***



## Public Safety Programs Required Physical for all students (Fire / EMS)

Enrolling into the Public Safety programs at Auburn Career Center is a huge step to securing a fantastic career in public safety. Part of the enrollment process is completing a NFPA compliant health screening. The amount of dangers, health concerns, and workers compensation coverage requires that students have the same level of medical exam as the employees currently working in public safety. If you plan on taking both Fire and EMS classes, then you need to take the Fire/EMS physical if you are only taking EMS classes, then you can take the EMS only physical. If you change your mind and enroll into a fire program at a later date, you will need to redo the entire physical, so please be sure of your enrollment goals. Once you are a student who has completed a physical, as long as you stay a student at Auburn Career Center the physical exam will follow you and will not need redone (you will need to get annual flu vaccines).

Health and religious exemptions are accepted for the COVID19 and Flu vaccines only. Students are encouraged to seek out all vaccines, but Auburn Career Center ultimately will allow a student to choose. Students must turn in all booster and annual flu shot records each fall when they are administered.

The NFPA physical is more in depth than a standard physical, if your primary physician is capable of completing all the tests you can go to your own doctor. Most pediatricians will be unable to complete the depth of this physical. In the event your doctor is not capable of performing all the tests, Auburn Career Center has secured competitive pricing from Cleveland Clinic at Work. Please find their attached form and contact them directly to set up for the physical to be completed. You are responsible for the costs of a physical exam. This physical will also be accepted by multiple Lake and Geauga County Fire Departments upon graduation of our public safety programs for required pre-employment physical screenings allowing you to potentially get hired faster.

Auburn Career Center only wants the Physical Verification form returned, signed by the physician who completed the exam, we do not want any private medical information. Vaccine records are the only medical records other than the medical form we will accept.

Multiple Auburn Career Center public safety and nursing staff have been trained to read your TB skin tests, you can come to Auburn Career Center to have that test read, but you must make an appointment first. Just showing up to the school does not guarantee we will have staff available to read your skin test. Call or email Sean Davis to set up the reading if you do not want to return to Cleveland Clinic at Work.

If you have questions please feel free to reach out anytime [sdavis@auburncc.org](mailto:sdavis@auburncc.org) or 440-358-8026.



Cleveland Clinic AtWork  
5595 Transportation Blvd, Suite 220  
Garfield Heights, OH 44125  
Office: (216)587-5431 | [CCAtWork@ccf.org](mailto:CCAtWork@ccf.org)

**Auburn Career Center - First Responder Physical Examinations**

**Annual/Wellness Physical** - Adheres to NFPA 1582 standards. Laboratory results will be interpreted and provided to the firefighter with recommendations. For abnormal findings, the firefighter will be instructed to follow up with their primary care provider.

<b>FIRE &amp; EMS – Physical (NFPA 1582)</b>	<b>Price</b>	<b>EMS Physical</b>	<b>Price</b>
Physical Examination	\$65.00	Physical Examination	\$65.00
OSHA Respirator Questionnaire, Occupational & Medical History Review	included	OSHA Respirator Questionnaire, Occupational & Medical History Review	included
Audiogram	\$28.00	Audiogram	\$28.00
Pulmonary Function Test (spirometry)	\$60.00	Pulmonary Function Test (spirometry)	\$60.00
Electrocardiogram (EKG) w/Interpretation	\$60.00	Electrocardiogram (EKG) w/Interpretation	\$60.00
Chest X-Ray, 2V (baseline/every 5 yrs.)	\$105.00	Titmus Vision – Including distant, near depth, color, and peripheral	\$45.00
Titmus Vision – Including distant, near depth, color, and peripheral	\$45.00	Comprehensive Metabolic Panel (CMP) Includes Lipids, Liver, Thyroid and Iron	\$75.00
Comprehensive Metabolic Panel (CMP) Includes Lipids, Liver, Thyroid and Iron	\$75.00	CBC with Differential/Platelet	\$40.00
CBC with Differential/Platelet	\$40.00	Urinalysis	\$30.00
Urinalysis	\$30.00	Urine Drug Screen 10-Panel	\$48.00
Urine Drug Screen 10-Panel	\$48.00	TB Skin Testing	\$30.00
TB Skin Testing	\$30.00		
<b>Total</b>	<b>\$586.00</b>	<b>Total</b>	<b>\$481.00</b>

## PHYSICAL VERIFICATION FORM

\_\_\_\_\_ received a physical examination conforming to NFPA 1582 standards keeping in mind NFPA 1001 Firefighter Requirements.

The physical includes at minimum:

- Physical exam
- Audiogram with interpretation
- Pulmonary function (Spirometry)
- 12 lead EKG with interpretation
- Chest X-ray 1 view
- Vision Titmus
- Comprehensive Metabolic Panel
- Lipid Profile
- CBC with differential and platelets
- Microanalysis
- Drug Screening (Non DOT)
- TB 2-step or QuantiFERON blood test

If the physician is not familiar with NFPA standard additional, paperwork can be provided by Auburn Career Center. Email [sdavis@auburncc.org](mailto:sdavis@auburncc.org) topic line “NFPA 1582 information request”.

Check the box which is appropriate:

- IS ABLE** to participate in the physical activity necessary to complete the practical skills for the firefighter course.
- IS NOT able** to participate in the physical activity necessary to complete the practical skills for the firefighter course.

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Physician Signature

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Print physician name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year





**T.B. Testing and results:**

2-step Mantoux completed (documentation noted as below)

Step 1: Date administered \_\_\_\_\_ Date read \_\_\_\_\_

Results \_\_\_ negative \_\_\_ positive

Step 2: Date administered \_\_\_\_\_ Date read \_\_\_\_\_

Results \_\_\_ negative \_\_\_ positive

**Or**

QuantiFERON-TB test Results (if applicable) \_\_\_\_\_

Chest x-ray results \_\_\_\_\_

**Immunizations:** Any missing immunization must have official documentation from a physician.

**Proof of Immunization is required for:**

**Tetanus: (within 5 years)**

Proof of prior immunization \_\_\_\_\_ Or Immunization Date \_\_\_\_\_

**Diphtheria:**

Proof of Immunization \_\_\_\_\_ Immunization Date \_\_\_\_\_

**Flu: (each flu season)**

Proof of Immunization \_\_\_\_\_ Immunization Date \_\_\_\_\_

**COVID**

Proof of Immunization \_\_\_\_\_ Immunization Date \_\_\_\_\_

**Or**

Medical accommodation to Vaccine \_\_\_\_\_ Or Religious accommodation to vaccine \_\_\_\_\_

**Proof of Immunization or immunity is required or a titer must be drawn to show immunity for:**

**Rubeola:**

Proof of immunity/immunization \_\_\_\_\_ Titer \_\_\_\_\_ Immunization Date \_\_\_\_\_

**Rubella:**

Proof of immunity/immunization \_\_\_\_\_ Titer \_\_\_\_\_ Immunization Date \_\_\_\_\_

**Varicella:**

Proof of immunity/immunization \_\_\_\_\_ Titer \_\_\_\_\_

If necessary: Immunization # 1 Date \_\_\_\_\_ Immunization #2 Date \_\_\_\_\_

**Hepatitis B(optional):**

Proof of immunity/immunization \_\_\_\_\_ Titer \_\_\_\_\_

If necessary: Immunization #1 Date \_\_\_\_\_ Immunization #2 Date \_\_\_\_\_

Immunization #3 Date \_\_\_\_\_

**Pre-placement Drug Screen:** Date Completed \_\_\_\_\_

Only result accepted is negative for all, unless prescription is present (excluding Marijuana)

Dr Signature on front of this form equals a clear drug screen

**WebCheck for BCI:** Date Completed \_\_\_\_\_