MINDCOG PRODUCTIONS, LLC · DEMENTIA MASTERMIND

Learner Records Release Request Form

Authorization to release your records to a third party

Use this form to authorize the release of your records to a third party — for example, an employer, school, or licensing board. Complete and sign it, then email it to contact@dementiamastermind.com from the address on your account, so we can confirm the request is yours. Requests are acknowledged and addressed within two business days.

To request a copy of your own records for yourself, you do not need this form — just email contact@dementiamastermind.com from your account address. For the full policy, see the Learner Record Privacy, Security, and Retention Policy on our Policies page.

1. Your information

Full name

Email on your account

Send this form from the email address on your account so we can verify the request is yours.

Date of request

2. Records to be released

Check all that apply.

- ☐ Certificate(s) of completion — Part(s):
- ☐ Completion record / transcript
- ☐ Assessment result(s) — Part(s):
- ☐ Other:

3. Recipient

The third party who will receive the records.

Recipient / organization

Relationship (employer, etc.)

Delivery address or email

4. Authorization

I authorize MindCog Productions, LLC (Dementia Mastermind) to release the records indicated above to the recipient named. I understand that my records are released to a third party only with my written authorization, and that this signed form serves as that authorization.

Signature

Date

Printed name

For office use — MindCog Productions, LLC

Date received _____ Account email verified (Y/N) _____

Authorization confirmed by _____ Date fulfilled _____