

For office use only:	
Registry ID#	_____
Date Received	_____
Date Entered	_____



**West Virginia STARS  
Early Care and Education  
Professional Development System**

**Release of Information**

I, a \_\_\_\_\_, hereby give permission to  
\_\_\_\_\_ to obtain the

following information regarding my WV STARS Career Pathway/Trainer status. I understand that this release will stand until WV STARS is notified in writing of its termination by either party.

I agree to release: *(Please check at least one)*

- "" complete WV STARS file access
- "" general Career Pathway status information
- "" general Credentialed Trainer status information
- "" copy of Professional Development Record (Training Transcript)
- "" copy of approval letter
- "" replacement sheet of barcode stickers
- "" replacement Career Pathway certificate
- "" replacement Credentialed Trainer certificate
- "" other \_\_\_\_\_

\_\_\_\_\_  
Signature of participant      Date

\_\_\_\_\_