



**Student Resource Learning Center
Authorization for Blackhawk Technical College to
Release Confidential Information**

Individual who is subject of record:

Name: _____

ID # _____ DOB: _____

I hereby consent to the disclosure and/or exchange of specific information as indicated below:

- COMPASS and/or TABE Scores
- Educational/Behavioral Progress
- Attendance
- School Transcripts
- GED/HSED Test Scores and Orientation Information
- Other (Please Specify): _____

Release Information to:

- Parent/Guardian:**
Name: _____
- High School:**
Name: _____
- Agency/Organization**
Name: _____
- OTHER: (Please Specify)**
Name: _____

Organization authorized to release information:

**Blackhawk Technical College
Attn: Christine Flottum
6004 South County Road G
PO Box 5009
Janesville, WI 53547-5009
Fax: (608) 757-7752**

Authorization expires as of: _____

I understand that I may revoke this authorization at any time by declaration in writing, except where information has already been released prior to revocation. Unless revoked, this authorization remains in effect until the expiration date.

Signature of Subject of Record

Date

Signature of Legal Representative of Subject of Record

Date