



Student Resource Learning Center Authorization for High School or Other Agency to Release Confidential Information

Name: _____ Prior Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

Agency/School Records Authorized for Release

(Please check all released)

- | | |
|-------------------------------------|--|
| _____ School Transcripts | _____ Employment Information |
| _____ Psychological Evaluations | _____ Medical Reports |
| _____ Vocational Assessment Reports | _____ Psychiatric Evaluations |
| _____ Last M-Team Report | _____ Therapy Progress Reports |
| _____ Social Services Reports | _____ Alcohol/Drug Abuse Care or Treatment |

Other (Specify): _____

Purpose or Need for Release of Agency/School Information

- _____ Student Requests Special Services at Blackhawk Technical College
- _____ Other (Specify)

Agencies/Organizations Authorized to Release Information

Release Information to:

Christine Flottum, Academic Support Division, Blackhawk Technical College, 6004 Prairie Road, Box 5009, Janesville, Wisconsin 53547, Telephone: (608) 757-7796.

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

Legal Representative of Subject of Record Date