



OFFICE OF THE REGISTRAR

6004 Prairie Rd, PO Box 5009, Janesville, WI 53547 • (608) 758-6900 • fax (608)743-4407 • www.blackhawk.edu

RELEASE OF STUDENT RECORDS

I, _____, Student ID# _____, authorize Blackhawk Technical College to release information concerning the following student records:

- _____ any and all records
- _____ academic records: grades, transcripts, admissions records, course schedule, etc.
- _____ financial aid records
- _____ student account records
- _____ employment/education recommendation
- _____ other records (specify): _____

to _____,
and for the purpose of _____

and I further authorize Blackhawk Technical College representatives to discuss those student records with the above named designee(s). I will not hold Blackhawk Technical College liable under the Family Educational Rights and Privacy Act (FERPA) for releasing my student records to the above named designee(s). This release will be placed in my record and will be in effect for one year from the date indicated below.

Dated: _____

X _____
(Student signature)

(Printed name of student)

Send signed form to:

The Office of the Registrar
Blackhawk Technical College
PO Box 5009
Janesville, WI 53547