Confidential Information Release Authorization (To be Returned to BTC)

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

(check all that apply)

_____ Any and all records

_____ Academic records: grades, transcripts, admissions records, course schedule, etc.

_____ Student account records

_____ Other records (specify): ____________________________

Release the designated information to:

_____ Parents or Guardian (Enter their names)

________________________________________________________________________________

_____ High School Staff at ____________________________

I further authorize Blackhawk Technical College representatives to discuss my 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 remain in my record and will be in effect for one year from the date indicated below.

________________________________________   ________________________________________
(Print Student Name) (Student Signature)

Dated: ____________

Office of the Registrar
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