



In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), TTECH requires the written consent of the student authorizing the disclosure of student information from his or her record. The authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the date; and the student's signature.

## Student Information:

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Email: \_\_\_\_\_

Current Phone: \_\_\_\_\_

## Student Record(s) to Release (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Enrollment Records/Registration               | <input type="checkbox"/> Financial Aid/Awards/Disbursement/Eligibility |
| <input type="checkbox"/> Account Information/Charges/Payments/Balances | <input type="checkbox"/> Program of Study/Enrollment Status            |
| <input type="checkbox"/> Dates of attendance and registration          | <input type="checkbox"/> Certificates/Diplomas/Degrees Awarded         |
| <input type="checkbox"/> Progress form(s)                              | <input type="checkbox"/> Other: _____                                  |

## Delivery Instructions

- Pick up at front desk
- Pick up in classroom

Mail to:       E-Mail to:       Fax to:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip: \_\_\_\_\_

## Special Instructions

\_\_\_\_\_  
\_\_\_\_\_

I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. Tooele Technical College is hereby released from all legal responsibility or liability for the release of the above-referenced information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date