

Student ID _____
Term Sent _____
Date Sent _____
Sent by _____
Office Use Only



Moraine Park Technical College
Registrar's Office
235 N. National Ave.
Fond du Lac, WI 54935

Student Authorization for Release of Education Records Information

In compliance with the federal Family Education Rights and Privacy Act of 1974, Moraine Park is restricted from disclosing certain information from your student records. You may grant MPTC permission to release information from your student records to a third party by completing and signing this form. **You must complete a separate form for each third party to whom you are authorizing student records access.**

Student Information (print clearly)

_____			_____
Student Name			Student ID Number
_____			_____
Address			Date of Birth
_____	_____	_____	_____
City	State	Zip code	Phone Number

I authorize Moraine Park Technical College to release confidential information to this third party:

_____			_____
First and Last Name of Individual/Name of Agency/Employer, etc.			Phone
_____			_____
Address			Fax
_____	_____	_____	_____
City	State	Zip code	Email Address

Purpose of release: _____

Check one or more categories below to indicate the records you would like released. **Cross out any documents within a category you do not want released. If nothing is crossed out all information in category will be released.**

Academic Records: Includes grades/GPA, demographics, registration, student ID number, academic progress, early alert, admission test scores and/or enrollment information

Financial Aid Records: Includes financial aid application status, application data from FAFSA, eligibility and satisfactory academic progress (SAP)

Student Account Records: Includes billing statements, charges, credits, payments, repayment history (including credit reporting history), communication history, past due amounts, and/or collection activity and 1098T information

Other (indicate specific record): _____

Check One:

This authorization is ONLY valid as one time release.

This authorization will expire 1 calendar year from the date signed. You may submit a request to revoke your authorization at any time in writing to the Registrar's Office.

By signing below, I consent that Moraine Park Technical College may disclose and discuss confidential information from my education recorded with the individuals listed above in reference to the purpose of release:

_____	_____
Student's Signature	Date