



# AUTHORIZATION TO RELEASE INFORMATION

Please complete this form to authorize the release of protected information in your student record.

Your Name: \_\_\_\_\_ Student ID or SSN: \_\_\_\_\_

I authorize for my information to be shared with the following individuals:

1. \_\_\_\_\_  
First Last Relationship to Student

\_\_\_\_\_ Email Phone

2. \_\_\_\_\_  
First Last Relationship to Student

\_\_\_\_\_ Email Phone

3. \_\_\_\_\_  
First Last Relationship to Student

\_\_\_\_\_ Email Phone

I authorize the following information to be shared (check all boxes that apply):

**Financial Information**

**Registration Information**

**Academic/ Faculty Information**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Tuition and Fees Statement    | <input type="checkbox"/> Schedule Planning           | <input type="checkbox"/> Attendance      |
| <input type="checkbox"/> 1098-T Tax Form               | <input type="checkbox"/> Schedule Changes (add/drop) | <input type="checkbox"/> Course Progress |
| <input type="checkbox"/> Financial Aid File            | <input type="checkbox"/> Grades                      | <input type="checkbox"/> Grades          |
| <input type="checkbox"/> Scholarship/Award Information | <input type="checkbox"/> Major Changes               | <input type="checkbox"/> GPA             |
|  | <input type="checkbox"/> Academic Standing           |  |

Special Instructions:

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

Please select **one** of the following:

- I authorize this information release to be valid until it is rescinded with the completion of a new form
- I authorize a one-time release of this information and have provided special instructions above
- Please rescind my previous Information Release Form

By signing the form, I certify I am the student indicated and hereby authorize Flathead Valley Community College employees to release the information indicated on this form. In order to make a change to my release of information, I acknowledge I must submit another form. Only the most recent form submitted is valid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_