



Release of Student Records

			PLEASE PRINT
Last Name	First Name	Middle Initial	Date of Birth
Street Address	City	State	Zip Code
Email Address		Phone Number	
Program Completing		BTC Student ID Number (if known)	

I authorize Blackhawk Technical College to release information concerning the following student records:

- _____ any and all records
- _____ academic records (i.e. grades, transcripts, admissions records, course schedule, etc.)
- _____ financial aid records
- _____ student account records
- _____ employment/education recommendation from: _____
- _____ other records, specify: _____
to: _____
for the purpose of: _____

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 (five years for the purpose of employment/education recommendations) from the date indicated below.

Student Name (Printed)

Dated

Student Signature

Send signed form to:

The Office of the Registrar
Blackhawk Technical College
6004 S County Road G
PO Box 5009
Janesville, WI 53547-5009