Montana Tech
THE UNIVERSITY OF MONTANA

Enrollment Services Office
enrollment@mtech.edu

Authorization for Disclosure of Confidential Information

I hereby authorize Montana Tech to allow access to the following confidential information to my parent(s) or other named individuals or entities. If parents live at the same address, please list them both in #1.

Please check all that apply:

- ☐ Any and all information relating to my academic and other records at Montana Tech
- ☐ Grade information only, both midterm and final
- ☐ Other, (please list)_____

1_____
Name(s)

_____
Address

_____
City, State, Zip

2_____
Name(s)

_____
Address

_____
City, State, Zip

If person(s) named above are not your parent(s), what is their relation to you?

_____

The released information will be used for the purpose of:

_____

_____

_____

I understand that by signing this authorization that I am waiving my rights of nondisclosure of these recods under federal law only to the persons specifically. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

_____

Student ID

Student's name (please print)

_____

Date

Student's signature