



enrollment@mtech.edu

AUTHORIZATION FOR DISCLOSURE OF 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 both parents live at the same address, please list them in #1.

Please check all that apply:

- Any and all information relating to my academic and other records at Montana Tech
- Other, (please list) _____

Name(s): _____ Name(s): _____

Address: _____ Address: _____

City, State, ZIP: _____ 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 records under federal law only to these persons specifically. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

When submitting this form electronically, it must be sent from the student's Montana Tech email address to enrollment@mtech.edu in order to be valid.

ID#: _____ Print Name: _____

Date: _____ Signature: _____