

AUTHORIZATION TO RELEASE DIRECTORY INFORMATION

Name: _____ Student ID: _____

Local Address: _____

Local Phone #: _____

By my signature below, I hereby revoke my restriction to release directory information.

Directory Information as Defined by Montana Tech:

- Name
- Local Address
- Permanent Address
- Email Address
- Local Phone Number
- Permanent Phone Number
- Date & Place of Birth
- Major Field of Study
- Class Standing
- Dates of Attendance
- Degrees and Awards Received
- Most Recent School Attended
- Photograph
- Participation in Officially Recognized Activities & Sports (as applicable)
- Weight & Height of Members of Athletic Teams (as applicable)
- Moodle Class (electronically mediated) Class Rosters to students enrolled in that specific class

I understand that Montana Tech can now release all of the above information if contacted.

Student Signature

Date

Office use only:

Confidential Box unchecked in SPAIDEN. Processed by: _____

Date: _____