

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
- Other, (please list) _____

1 _____	2 _____
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 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