

AUTHORIZATION TO RELEASE INFORMATION

Please complete this form to authorize the release of protected information in your student record.

Your Name: _____

Student ID or SSN: _____ Date of Birth: _____

I authorize for my information to be shared with the following individuals:

1.	_____	_____	_____
	First	Last	Relationship to Student
	_____		_____
	Email		Phone
2.	_____	_____	_____
	First	Last	Relationship to Student
	_____		_____
	Email		Phone
3.	_____	_____	_____
	First	Last	Relationship to Student
	_____		_____
	Email		Phone

I authorize the following information to be shared (check all boxes that apply):

Financial Information

- ☐ Tuition and Fees Statement
- ☐ 1098-T Tax Form
- ☐ Financial Aid File
- ☐ Scholarship/Award Information

Registration Information

- ☐ Schedule Planning
- ☐ Schedule Changes (add/drop)
- ☐ Grades
- ☐ Major Changes
- ☐ Academic Standing

Code of Conduct Information

- ☐ Student Conduct
- ☐ Course Progress
- ☐ Grades
- ☐ GPA
- ☐ Attendance

Academic/ Faculty Information

- ☐ Attendance
- ☐ Course Progress
- ☐ Grades
- ☐ GPA

Housing Information

- ☐ Student Housing Conduct
- ☐ Room Assignments
- ☐ Housing Rates/Fees

Special Instructions:

Please select **one** of the following:

I authorize this information release to be valid until it is rescinded with the completion of a new form

I authorize a one-time release of this information and have provided special instructions above

Please rescind my previous Information Release Form

By signing the form, I certify I am the student indicated and hereby authorize Flathead Valley Community College employees to release the information indicated on this form. In order to make a change to my release of information, I acknowledge I must submit another form. Only the most recent form submitted is valid.

Student Signature: _____ Date: _____