

enrollment@mtech.edu

## **AUTHORIZATION TO RELEASE DIRECTORY INFORMATION**

Name:	Student ID:
Local Address:	Local Phone #:
By my signature below, I hereby revoke n	ny restriction to release directory information.
Directory Information as Defined by Mo	ntana Tech:
Weight & Height of Members of A	ed Activities & Sports (as applicable) thletic Teams (as applicable) ated) Class Rosters enrolled in that specific class
I understand that Montana Tech can not contacted.	w release all of the above information if
Student Signature:	Date:
Office Use Only:	
Confidential Box unchecked in SPAIDEN	Processed by: Date: