



enrollment@mtech.edu

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student’s educational records. These records will not be released without written consent from the student. By signing this form, the student authorizes Montana Tech personnel to release confidential information to designated person(s).

Please check all that apply:

- Financial Aid Records, including FAFSA and award packaging information
- Recommendations for employment or admission to other institutions
- Student Account Records (e.g., enrollment records, billings and payment records)
- Health or safety information
- Housing, meal plan, & residence life information
- Other (describe with detail) _____

Designated Person(s):

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

Address: _____ Address: _____

Relation to student: _____ Relation to student: _____

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. I understand that this release will be in effect until I submit a written request to revoke this release.

ID#: _____ Print Name: _____

Student Signature: _____ Date: _____

*Signatures must be made in pen. Form must be sent from student’s Montana Tech email account or returned by student in person to Enrollment Services (SSC 3.126).