

enrollment@mtech.edu

AUTHORIZATION TO RELEASE DIRECTORY INFORMATION

Name:	Student ID:
Local Address:	Local Phone #:
By my signature below, I hereby revoke my re	estriction to release directory information.
Directory Information as Defined by Montan	a Tech:
 Student's name Dates of attendance Degrees and awards received Student hometown Major and minor field(s) of study Grade level Enrollment status (Undergraduate or 6 Participation in officially recognized ac Most recent previous educational ager Weight and height, if student is a mem 	tivities and sports ncy or institution attended by the student
I understand that Montana Tech can now rel contacted.	ease all of the above information if
Student Signature:	Date:
Office Use Only:	
Confidential Box <u>unchecked</u> in SPAIDEN	Processed by: Date: