



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: _____

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:

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- I authorize this information release to be valid until it is rescinded with the completion of a new form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