

## AUTHORIZATION TO RELEASE INFORMATION

800 Mickelson Drive Rapid City, SD 57703-4018 605-394-4034 Fax: 605-394-2204 Toll Free: 1-800-544-8765 www.wdt.edu

Student's Name:	
	(Not Social Security #)
	cational Rights and Privacy Act of 1974 (FERPA), Western Dakota t's authorization to permit WDT to release academic and financial
	le academic and/or financial information to a third party must submit lease Information to the registrar's office <b>before</b> WDT can provide the chalf of the student.
The undersigned student hereby per information ( <i>check all that apply</i> ):	rmits Western Dakota Technical Institute to release the following
☐ Academic Records	Financial Records
to the below-specified persons/agen	icies:
Name:	
Address:	
Name:	
Address:	
A valid ID, personal identification in PIN or password that I choose to ser I understand that it is my responsibi	pon verification of identity of the specified above persons/agencies. number (PIN), or password may be presented to confirm identify. The rve as identity verification will be ility to provide the above specified persons/agencies with this PIN or edge that it is my responsibility to ensure the PIN or password I have
	shall be valid throughout the student's application for enrollment and authorization may be rescinded at any time by the student by 'DT's registrar's office.
I have read and understand the conte and Privacy Act of 1974.	ents of this consent form pertaining to the Family Educational Rights
Student's Signature:	Date:
Internal use:	
■ Permissions Updated ■ PIN/	Password Entered by (initials) on d