



**AUTHORIZATION TO
RELEASE INFORMATION**
Third Party

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: _____ Student ID#: _____
(Not Social Security #)

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), Western Dakota Tech (WDT) must receive a student's authorization to permit WDT to release academic and financial information to third parties.

Students requesting WDT to provide academic information, financial information, FAFSA information or to complete funding authorization documents to a third party agency or third party funding agency (not including the US Department of Education or Veteran Affairs) must submit this completed Authorization to Release Information form to the Registrar Office. The submission of the completed form is required **before** WDT can provide the information to any third party agency or third party funding agency on behalf of the student. Release of FAFSA information may be more limited as determined by law.

The undersigned student hereby permits Western Dakota Technical Institute to release academic and financial information to the following third-party funding agencies:

Agency: _____
Agency: _____
Agency: _____

This consent to release information shall be valid throughout the student's application for enrollment, during enrollment, and for a period of three years after the student has graduated or discontinued enrollment at WDT. This authorization may be rescinded at any time by the student submitting a written statement to WDT's registrar's office.

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature _____ Date _____

Internal use:

Permissions Updated by _____ (initials) on _____ date