

Consent for the Release of Confidential Information

		Student ID #:				
Mailing Address:					Date of Birth:	
		City				
hone	e Number:	🗆 Home 🗆 Mobile	Emai	Address:		
Ву с	completing this form, I authorize Fox Valley	/ Technical College to rel	ease th	e following info	rmation (check all that apply):	
	Academic Records (example: grades Student Account/Cashier Information Financial Aid Information (example:	on (example: amount du	ie on a			
To:	□ Person:			Relationshi	p:	
	Organization/Agency:					
	I understand my records are protected under the Federal and specific State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.					
	I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.					
	I further acknowledge the information to be released was fully explained to me and this consent is given of my own free will.					
	The College will honor your request until you notify Enrollment Services you wish to revoke the consent.					
	Student Signature			Date		
	Student Signature			Da	te	
	 Student Signature Electronic signature is accepted on your MyFVTC account or via your F If not submitting the form online, it FVTC location. 			h the My Attac count.	chments feature in	
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Pr	 Electronic signature is accepted on your MyFVTC account or via your F If not submitting the form online. it 	can be printed, comple	eted, ar	h the My Attac count.	chments feature in	
Pr	 Electronic signature is accepted on your MyFVTC account or via your F If not submitting the form online, it FVTC location. ocess to Add to Student Record: Update/verify Bio/Demo information Add ROI indicator Add name of person/agency in comment 	can be printed, comple	eted, ar	h the My Attac count.	chments feature in	