

## **Consent for the Release of Confidential Information**

Stude	ent Name:		Student ID #:				
Mailir	ng Address:					Date of Birth:	
Dhan	a Numbar	·			Zip Code		
Pnon	e Number:	⊔ nome ⊔	MODILE	Emaii	Address:		
Вус	completing this form, I authorize Fox Valley	Technical Colle	ge to rel	ease the	following info	rmation (check all that apply):	
	Academic Records (example: grades, Student Account/Cashier Information Financial Aid Information (example:	<b>on</b> (example: ar	nount du	ie on a	•		
To:	☐ Person:	Relationship:					
	☐ 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 reliance on it.	consent at any	ny time except to the extent that action has been taken in				
	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				
	<ul> <li>Electronic signature is accepted on your MyFVTC account or via your F</li> <li>If not submitting the form online, it FVTC location.</li> </ul>	VTC issued stu	ıdent en	nail acc	ount.		
		Office U	lse Onl	v:			
	Tocess to Add to Student Record: Update/verify Bio/Demo information Add ROI indicator Add name of person/agency in comment Scan to Perceptive Content	— Office o		y			
	Locate original ROI in Perceptive Content Add "SR-FERPA Revoke" stamp Print original ROI form with stamp Collect student signature Release ROI service indicator (multiple names: leave indicator but remove requested name).				STAMP		
	Scan to Perceptive Content  Received by: Date: _		Comple	eted hv		Date:	