Consent for the Release of Confidential Information

Student Name:_____ **Student ID#:** _____

Mailing Address:_____ **Date of Birth**___/___/_____

City, State, Zip Code

Phone Number:_____ **Email Address:**_____

By completing this form, I authorize Fox Valley Technical College to release the following information (check all that apply):

- ☐ **Academic Records** (example: grades, class schedule, student conduct)
- ☐ **Student Account/Cashier Information** (example: amount due on a bill)
- ☐ **Financial Aid Information** (example: scholarships, loan amounts)

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 consent at any time except to the extent that action has been taken in reliance on it. FVTC will honor your request until you notify Records & Registration you wish to revoke the consent.
I further acknowledge the information to be released was fully explained to me and this consent is given of my own free will.
I understand this form is only used for release of information or records. It is not used to change or update students' records, i.e. add/drop courses, update personal information.

How will you submit this form:

- ☐ Online – Submit to registration@fvtc.edu via your FVTC issued student email. Electronic is accepted through online submission only.
- ☐ In Person – Must sign and submit in front of FVTC staff member; form is turned in to Records & Registration

_____ _____
Student Signature **Date**

_____ _____
FVT Staff Witness **Date**

_____ _____
Student Signature to Revoke **Date**

09/26/2025