



Consent for Release of Student Information *030040

This Consent for Release of Student Information Form authorizes Gateway Technical College to release information about a student's record to a third-party (spouse, parent, friend, etc.). This authorization does not permit a third party to make changes to the student's record or the right to act on the student's behalf.

Student ID# _____

Student Name (print) _____ Date of Birth _____

INFORMATION TO BE RELEASED (check all that apply):

- Academic Records:** (e.g. assignment/test grades, GPA, registration, academic progress, early alerts, advising notes, transfer credits, class schedules and/or enrollment information) Note: Does NOT include final grades for courses or transcripts
- Financial Aid Records:** (e.g. financial aid information, including financial aid awards, application data, disbursements)
- Student Account Records:** (e.g. statements, charges, credits, payments, refunds, past due amounts, third party authorization information, financial holds, mailing & billing address, and/or collection activity)
- Other:** Must indicate any other specific records you are authorizing for release (e.g. Attendance records, Scheduled Appointments): _____

EXPIRATION (check only one):

- Expires on the following date: _____
- Valid until this authorization is revoked in writing

OBTAINING YOUR RECORDS:

Records will be made available to authorized third party until this authorization expires or is revoked in writing. Student information cannot be sent to a non-Gateway email address. If records are mailed, they will only be sent to the student's address or the third party's address indicated below. In-person requests require the authorized third party to provide acceptable photo ID. Phone requests by the authorized third party will require your student ID number (or last 4 digits of your social security number) and the personal code you create below:

Personal Code (4 characters - letters or numbers) ____ _

THIRD PARTY NAME/ADDRESS:

Full Legal Name (print) _____ Relationship to Student _____

Address _____ City, State, Zip _____

Phone _____

SIGNATURE VALIDATION & AUTHORIZE YOUR CONSENT:

To verify student's identity, this form must be validated in one of the following three ways:

1. Student submits electronic version of this secure form from Gateway website found under Registrar Forms (www.gtc.edu/forms).
2. Student ***signs this form in the presence of a Student Services staff member*** & presents an acceptable photo ID.
3. If student is unable to submit electronically or in person, student may have this form notarized by a notary public.

I authorize Gateway Technical College to release confidential information to the above named third party and allow access to my student records that would otherwise be private and not accessible to them. I certify that I am giving this consent freely and voluntarily to this third party.

STUDENT SIGNATURE _____ **DATE** _____

Student has signed in the presence of _____
- OR - Signature of GTC Student Services Staff Member Position Title Date

Notary Public: This document was signed before me on _____ by _____
Date Name of person making request

State of Wisconsin, County of _____ Notary Signature _____

Notary Expiration Date _____

Notary Seal Here