



Authorization to Release Information

Date: _____

Student Name: _____

Social Security #: _____

Date of Birth: _____

I request and authorize your institution to release the following information to the person named below:

- _____ School Transcript
- _____ Technical Records, Certificates
- _____ Grades and student records
- _____ Other *(please specify all) _____
- _____
- _____
- _____

*NOTE: The BCTC Records Office will only release a PS ID # to the Student. Photo ID is required.

Name of person to release information to: _____
(Please Print)

****Student Signature:** _____

****Note**

By signing this form you are authorizing Bluegrass Community and Technical College Admissions Office staff to release information about your student file.

There is no expiration date.

If you would like to relinquish authority you must submit a request in writing.