

**CLOVER PARK TECHNICAL COLLEGE
RELEASE OF INFORMATION**

Student Name _____

Student ID Number _____

Date of Birth _____

I hereby authorize Clover Park Technical College and/or its staff to provide

_____ All information contained in the records of the above named person,

_____ Only the amount of fees due and paid for the above named person,

to the following named individuals or organizations:

I hereby release Clover Park Technical College and its staff from legal responsibility for disclosing information as authorized in this document.

This release of information is valid for one year from the date of the student's signature.

Date: _____

Signature of Student

This form must be submitted to the Enrollment Services office in person by the student.
Please bring photo ID.