



**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:

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I hereby release Clover Park Technical College and its staff from all legal responsibility or liability that may arise from the act here authorized.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student