



**CLOVER PARK TECHNICAL COLLEGE
RELEASE OF INFORMATION**

Student Name _____

ctcLink ID Number _____

Previous SID # _____
(if applicable)

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 until the student named above completes a program of study at Clover Park Technical College or requests the release of information be removed from their record.

Date: _____

Signature of Student

**This form must be submitted to the Enrollment Services office in person by the student.
Valid photo ID required.**