

Student's Name: _____ ID#: _____ School Year: _____
PLEASE PRINT

I authorize the release of any information or material pertinent to my attendance at Treasure Valley Community College, i.e., grades, financial accounts, enrollment status, address, disabilities, etc, to:

PLEASE PRINT

I understand that this will enable Treasure valley Community College to interact with agencies and other parties as it pertains to my education. This release is valid until I notify the TVCC Student Services Center, Admissions, Business Office or Registrar's Office in writing to cancel it.

I agree that photocopies of this authorization may be used by Treasure Valley Community College as necessary.

Student Signature: _____ Date: _____