



**OFFICE OF THE REGISTRAR**

6004 Prairie Rd, PO Box 5009, Janesville, WI 53547 • (608) 758-6900 • fax (608)743-4407 • www.blackhawk.edu

**RELEASE OF STUDENT RECORDS**

I, \_\_\_\_\_, Student ID# \_\_\_\_\_, authorize Blackhawk Technical College to release information concerning the following student records:

- \_\_\_\_\_ any and all records
- \_\_\_\_\_ academic records: grades, transcripts, admissions records, course schedule, etc.
- \_\_\_\_\_ financial aid records
- \_\_\_\_\_ student account records
- \_\_\_\_\_ other records (specify): \_\_\_\_\_

to \_\_\_\_\_,  
and for the purpose of \_\_\_\_\_

and I further authorize Blackhawk Technical College representatives to discuss those student records with the above named designee(s). I will not hold Blackhawk Technical College liable under the Family Educational Rights and Privacy Act (FERPA) for releasing my student records to the above named designee(s). This release will be placed in my record and will be in effect for one year from the date indicated below.

Dated: \_\_\_\_\_

  X    
(Student signature)

\_\_\_\_\_  
(Printed name of student)

Send signed form to:

The Office of the Registrar  
Blackhawk Technical College  
PO Box 5009  
Janesville, WI 53547