



STUDENT SERVICES

6004 S. County Rd. G., PO Box 5009, Janesville, WI 53547 • (608) 757-7660 • fax (608) 743-4407 • registration@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

_____ employment/education recommendation from

_____ other records (specify): _____

to _____.

for the purpose of _____.

I further authorize Blackhawk Technical College (BTC) 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 (five for the purpose of employment/education recommendations) 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
6004 S. County Rd. G
P.O. Box 5009
Janesville, WI 53547