



# Release of Student Records

			<b>PLEASE PRINT</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Date of Birth</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b>		<b>Phone Number</b>	
<b>Program Completing</b>		<b>BTC Student ID Number (if known)</b>	

I authorize Blackhawk Technical College to release information concerning the following student records:

- \_\_\_\_\_ any and all records
- \_\_\_\_\_ academic records (i.e. 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 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 until revoked by me.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Dated

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

**Please return the signed form to:**

The Office of the Registrar  
Blackhawk Technical College  
6004 S County Road G  
PO Box 5009  
Janesville, WI 53547-5009

Updated: 2/12/25

*Central Campus*

6004 S County Road G • P.O. Box 5009 • Janesville, WI 53547 • (608) 758-6900