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# Mitchell Technical Institute

1800 East Spruce St. • Mitchell, South Dakota 57301 • (800) 684-1969 • www.mitchelltech.edu

## MITCHELL TECH RELEASE OF INFORMATION FORM

I, \_\_\_\_\_ hereby authorize Mitchell Tech to release the following records  
(PLEASE PRINT FULL NAME)

**Check the statement(s) that apply:**

- All Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, financial aid repayments, and any other information contained in the application or financial aid file (cannot include parents income tax info).
- All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, institute generated fines, and any other accounts receivable information contained in the student account records).
- Instructor/Classroom Records** (records include: attendance records, progress reports, test and homework scores, if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

**The Registrar's Office will not give out information regarding grades to anyone without the written permission of the student and never over the phone.**

The following individual(s)/agencies are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

_____	_____
Full Name of Individual(s)/Agency	Relationship to Student
_____	_____
Full Name of Individual(s)/Agency	Relationship to Student
_____	_____
Full Name of Individual(s)/Agency	Relationship to Student

Although I understand I am not required to release this information, by signing this document I am giving my consent to Mitchell Tech to disclose these records. I also understand that this release remains in effect until I terminate enrollment at Mitchell Tech, unless I revoke my consent in writing and deliver it to the Financial Aid Office, Business Office or Registrar's Office.

_____	_____	_____
MTI I.D. #	Signature of Student	Date