

**STUDENT RELEASE OF CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_

Name while attending if different from above: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Program of Enrollment: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

*I hereby authorize the Education Division at the Commonwealth Technical Institute at the Hiram G. Andrews Center to release a copy of the following:*

- Transcript*
- Diploma*
- Other:* \_\_\_\_\_

**Send Information To (address):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that I have read the foregoing statement and fully understand that in making this request for disclosure of educational information concerning me, I am waiving the protection and safeguards accorded to me by the Federal and State confidentiality requirements.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date