



BREWSTER TECHNICAL COLLEGE

Student Services Department

AUTHORIZATION FOR RELEASE OF INFORMATION (Internal)

DISCLOSURE TO PARENT, GUARDIAN, RELATIVE, OR OTHER:

This statement/document gives permission to Brewster Technical College Student Services Department to release information regarding my student status (grades, credit, attendance, conduct, etc.). Therefore, it is with my approval and consent to disclose information from my educational records to the following authorized person(s).

Name(s) of authorized person(s)

Print Name

Relationship

Print Name

Relationship

Print Name

Relationship

Student Printed Name

Student Signature

Date



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