

Release Form



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DUAL CREDIT-EARLY COLLEGE STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

The release of student information to a student's parents, by either the high school or Gallatin College MSU, will be governed by the State and Federal laws governing those separate institutions. As a result of such laws, Gallatin College MSU will not release information to your parents unless you expressly consent to such disclosure below.

Name: _____
Last First Middle

MSU Student ID# or SSN: _____

High School: _____ **Date of Birth:** _____

Please check the appropriate boxes and complete the date of authorization.

Information to Release to Parent/Guardian

I hereby authorize Gallatin College MSU to discuss and/or release the following information to my parent(s)/guardian(s) as designated below.

Grades Bills Attendance Enrollment Conduct Health or Safety Information

Additional information to be released: _____

Name of designated Parent(s)/Guardian(s) _____
Please type or print clearly

Date of Authorization: _____ *Student's consent expires at end of 1 year from date of Student Signature*

Approval

Student Signature

Date