

# CENTRAL TEXAS COLLEGE

## *Dual Credit/Early Admissions*

### *Authorization for Release of Information*

Goodday

Amanda G.

999999

Last Name (Student's)

First Name

Student ID Number

I authorize the local school Independent School District to release all information necessary, including, but not limited to, high school transcript, financial aid information, test scores, and academic records to **Central Texas College (CTC)**. This information will be provided only to CTC and may not be released to any other organization or person without my written approval.

I authorize **Central Texas College** to release all information necessary, including, but not limited to, college transcript, financial aid information, test scores, and academic records to local school Independent School District. This information will be provided only to my school district and may not be released to any other organization or person without my written approval.

I understand that my records are protected by the *Family Educational Rights and Privacy Act of 1974* as amended (FERPA) and that these records will be kept strictly confidential by all parties to whom access is granted. I understand that this requested information is to be used by CTC for student follow up and institutional research purposes.

I understand that this authorization will remain in effect until I revoke it in writing.

Amanda Goodday

Signature of Student

01-11-1111

Date

Robert Goodday

Signature of Parent or Guardian, if necessary

01-11-1111

Date

\* Complete the form with the proper signatures. Return this form to your high school Guidance and Counseling Office or directly to Central Texas College, ATTN: Systems Registrar, P. O. Box 1800, Killeen, TX 76540, (254) 526-1663 with the proper signatures.