

CENTRAL TEXAS COLLEGE

Dual Credit/Early Admissions

Authorization for Release of Information

Last Name (Student's)	First Name	Student ID Number
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I authorize the _____ 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 _____ 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.

Signature of Student	Date
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Signature of Parent or Guardian, if necessary	Date
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* 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.