



**UNITED TRIBES TECHNICAL COLLEGE**  
**3315 University Drive, Bismarck, ND 58504. 701-255-3285**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Name of Student (Last, First, Middle Initial, Maiden)		SS#	Birth Date
Street Address:	City	State	Zip

**Student release and signature (For Internal use only)**

1. I Hereby Authorize: (Name and Address of Person)
2. To Release Information To (Name and Address of Person to Receive Information)  
 United Tribes Technical College (UTTC)  
 Vivian Gillette, Admissions Bobbi Jo Zueger, Financial Aid Joey McLeod, Registrar  
 3315 University Drive, Bismarck, ND 58504
3. The Following Information is Requested:  
 All Admission Records, All Registrar Records: Including GPA, Official Transcripts,  
 ACT Scores, Financial Aid Records, etc.
4. The Information Identified Above Will Be Used For:  
**All Departments in all areas campus wide at United Tribes Technical College**
5. This release of information consent remains in effect:  
**Throughout the school year (s) while you are attending UTTC.**  
**Date this remains in effect \_\_\_\_\_**

Client Consent:

This Authorization is voluntary and remains in effect until the above date or event, unless specifically revoked or written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is as effective as the original.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

**Notice to whomever disclosure is made concerning school records**

The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted.