



RELEASE OF INFORMATION

Student Full Name _____

ctcLink ID Number _____

Previous SID # _____
(if applicable)

Date of Birth _____

I hereby authorize Clover Park Technical College and/or its staff to provide:

- All information contained in the records of the above named person,
- Only the amount of fees due and paid for the above named person,

to the following named individuals or organizations:

I hereby release Clover Park Technical College and its staff from legal responsibility for disclosing information as authorized in this document.

This release of information is valid until the student named above completes a program of study at Clover Park Technical College or requests the release of information be removed from their record.

Date: _____

Signature of Student

This form must be submitted to the Enrollment Services office in person by the student. Valid photo ID required, no exceptions will be made.

NON-DISCRIMINATION STATEMENT: Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries, please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/disability coordinator Melissa Medina, Manager of Student Disability Services, 253-589-5755, melissa.medina@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499. Non-discrimination statement is available in other languages at www.cptc.edu/non-discrimination.