

Authorization to Release Confidential Information

Adams County Center
 401 North Main Street
 Adams, WI 53910
 Phone: 608.339.3379 Fax: 608.339.9625

Marshfield Campus
 2600 West Fifth Street
 Marshfield, WI 54449
 Phone: 715.387.2538 Fax: 715.389.2864

Stevens Point Campus
 1001 Centerpoint Drive
 Stevens Point, WI 54481
 Phone: 715.344.3063 Fax: 715.342.3134

Wisconsin Rapids Campus
 500 32nd Street North
 Wisconsin Rapids, WI 54494
 Phone: 715.422.5300 Fax: 715.422.5561

Toll-free: 888.575.MSTC Web: mstc.edu

STUDENT INFORMATION			
Name:		Date of Birth (mm/dd/yy):	
Social Security Number:		Student ID Number:	
Address:	City:	State:	Zip:
Home Phone:		Cell Phone:	
Campus: <input type="checkbox"/> Adams County Center <input type="checkbox"/> Marshfield Campus <input type="checkbox"/> Stevens Point Campus <input type="checkbox"/> Wisconsin Rapids Campus			

RELEASE INFORMATION TO			
Release Authorization as of (date):		(Authorizations for release of education records expire one year from this date.)	
Information to be released to:			
Address:	City:	State:	Zip:
<input type="checkbox"/> MSTC Staff Member (name):			
<input type="checkbox"/> MSTC Instructors <input type="checkbox"/> Specific Instructor (name):			
<input type="checkbox"/> High School Guidance Counselor (name):		<input type="checkbox"/> High School:	
<input type="checkbox"/> Other:			
Reason for Release:			

AGENCY RECORDS AUTHORIZED FOR RELEASE		
<input type="checkbox"/> Alcohol/Drug Abuse Care or Treatment	<input type="checkbox"/> Psychiatric Evaluations	<input type="checkbox"/> Social Services Reports
<input type="checkbox"/> Employment Information	<input type="checkbox"/> Psychological Evaluations	<input type="checkbox"/> Therapy Progress Reports
<input type="checkbox"/> Last M-Team Report	<input type="checkbox"/> School Transcripts	<input type="checkbox"/> Vocational Assessment Reports
<input type="checkbox"/> Medical Reports	<input type="checkbox"/> Social History	
Agencies/Organizations/Educational Institutions Authorized to Release Information:		

MSTC EDUCATIONAL RECORDS AUTHORIZED FOR RELEASE		
<input type="checkbox"/> Counseling Notes	<input type="checkbox"/> Grades	<input type="checkbox"/> Medical Records <small>(Reviewed by MSTC counselors/instructors for academic counseling)</small>
<input type="checkbox"/> Disabilities Services Records	<input type="checkbox"/> Instructional Records <small>(Records of instructors regarding a student's educational progress) There is a charge of \$10 per nursing clinical document up to a maximum of \$50 to be paid at the local Campus Office prior to the processing this request.</small>	<input type="checkbox"/> Unofficial/Official transcript
<input type="checkbox"/> Disciplinary Records		<input type="checkbox"/> Other (please list):
<input type="checkbox"/> Financial Records <small>(Parental information in these files cannot be released and will be redacted unless released to the parent themselves.)</small>		

<i>I understand that I may revoke this authorization to release records at any time by declaration in writing, except as information has already been released prior to revocation. Unless revoked, this authorization remains in effect until the expiration date.</i>	
Signature of Subject of Record:	Date:
Legal Representative of Subject of Record:	Date: