

VERMONT TECH

AUTHORIZATION FOR RELEASE OF INFORMATION TO A SCHOOL OR AGENCY

In accordance with the Family Rights and Privacy Act of 1974, as amended, this form constitutes written consent from the student to disclose personally identifiable information from his/her record to the party listed below for the purposes specified. The receiving party is cautioned that this information may not be released to any other parties without written consent of the student.

STUDENT INFORMATION

Student's Full Legal Name – Please Print

Social Security Number or VSC Student ID

When participating at Vermont Technical College through the VAST program, I hereby grant permission to Vermont Tech to share information related to my enrollment, attendance, and performance with my High School Principal or their designee. I understand that an official Vermont Tech transcript will be issued to my high school in mid to end of January for fall term and mid to end of May for spring term.

Who at your school should get your transcript? School Counselor Registrar Secretary Other

His/Her Name: _____

His /Her Email: _____

Telephone number: _____

High School Name & Mailing Address: _____

This authorization will remain in effect while I am enrolled as a VAST student.

Student's Signature

Date

To authorize release of grades/record to other schools or agency, Vermont Tech is pleased to use Parchment Exchange to process transcript requests for electronic or paper delivery. Visit the following link for transcripts processing. <https://www.vtc.edu/academics/registrar/transcript-request>

Return this form to:
Office of the Registrar
Vermont Tech
PO Box 500
Randolph Center, VT 05061

For Office Use Only:

Rec'd by: _____

Date: _____

Proc by: _____

Date: _____