I, ____________________________________, (Student ID: ______________________) the undersigned, hereby authorize Turtle Mountain Community College to release the following educational records upon request:

- Academic Records
- Financial Aid
- Business Office
- Student Accounts
- Student Development/Conduct

Names of the individuals I wish to release information to:
(Please Print)

1. _______________________________________    ________________________________________
   Last   First   MI          Relationship

2. _______________________________________   _________________________________________
   Last   First   MI         Relationship

3. _______________________________________   _________________________________________
   Last   First   MI         Relationship

I acknowledge by my signature that I understand although I am not required to release my records to these individuals, I am giving my consent in writing and the revocation is delivered to the institution. I also understand that if I am under 18 years of age, or a dependent for tax purposes, the institution may disclose such information to parents and legal guardians regardless of my consent.

Signature of Student: ___________________________    Date: ___________________________

Signature of Parent/Guardian (only) if student is under 18 years of age:
_________________________________________    ___________________________

Mail completed form to: Turtle Mountain Community College
ATTN: Joni LaFontaine, Admission Officer
10145 BIA Road 7, PO Box 340
Belcourt, North Dakota  58316