

COMPLETE Section 1:

Student ID Number _____ School Start Date _____

Name of Technical School Where You Are Enrolled _____
(hereinafter "Technical School")

Under the provisions of the Family Education Rights and Privacy Act of 1974, students have the right to allow or deny their school to disclose student education records, either academic or financial. Your school may not disclose personally identifiable information contained in their students' educational records unless the student has consented to disclosure or FERPA allows disclosure.

DIRECTORY INFORMATION: Unlike other personally identifiable information, directory information may be disclosed to the public unless you request that your information not be disclosed using the Revocation of FERPA Release Form. Directory information includes:

- Student name
- Home address
- Email address
- Telephone number
- Date of birth
- Dates of attendance
- Dates of admission
- Program(s) of study
- Current enrollment status
- Previous institutions attended/credential(s)
- Academic Level
- Residency Status
- Photographs

EDUCATIONAL RECORD

Private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student. By completing this form, you are requesting your school to disclose personally identifiable information relating to your education record to the TechForce Foundation. For additional information, please review your school's FERPA policy.

DESIGNATED RECIPIENT AND STUDENT RECORDS TO BE RELEASED: *(please print clearly)* Note: If you are seeking to apply for TechForce Foundation Scholarship and Grants, you will need to release student records, financial aid records, and financial records to the TechForce Foundation.

AUTHORIZE Section 2:

Student Records to be released

- Student Records (grades, schedule, disciplinary, etc.)
- Financial Aid Records (FAFSA, tax records, etc.)
- Financial Records (payment history, current debt, etc.)

Designated Recipient

Name: [TechForce Foundation](#)
 Address: 4848 E. Cactus Rd. #505-304
 City, State, Zip: [Scottsdale, AZ 85254](#)
 Phone: 1-866-519-6923
 Relationship: [Non-profit, to apply for scholarships & grants.](#)
 Email Address: info@techforce.org

COMPLETE Section 3:

I hereby grant the identified Technical School permission to release the above information for the stated purpose to the Designated Recipient. I understand these records contain information protected by FERPA, and cannot be released without my express written consent. I certify by my signature this consent has been given freely and voluntarily, shall remain in effect unless revoked, and that I understand this consent may be revoked at any time by providing written notice to my Technical School. I further agree to fully and forever release and hold harmless TechForce Foundation, my Technical School indicated above, and each of their respective subsidiaries, affiliates, officers, directors, employees, shareholders, or agents from any claim or liability arising from the release of such information.

Student Signature _____ **Date** _____ **Student Name, Printed** _____

Parent/Legal Guardian Signature* _____ **Date** _____ **Parent/Legal Guardian Name, Printed** _____

* Only required if student is under 18 years old

Acknowledgment of receipt by School Official:

School official Signature: _____ Date received: _____