

# WEST KENTUCKY COMMUNITY & TECHNICAL COLLEGE

(Please Print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ WKCTC Student ID: \_\_\_\_\_

Is someone attending this meeting or appointment with you? YES NO

If yes, do you agree to give consent to release information regarding your student education records (for today only), to the person(s) that are with you in attendance? YES NO

Full name of individual(s) to release student education records, today only:

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

**Faculty/staff signatures**

**Date**

_____	_____
_____	_____
_____	_____
_____	_____

**Purpose of Meeting** (circle all that apply)

Advising      Billing      Counseling      Financial Aid      Records      Other

*If other, briefly explain*

\_\_\_\_\_

