

Student Affairs

1400 College Drive
Ashland, KY 41101
Telephone: (606) 326-2000
Toll free: (800) 928-4256

Student Records Release Form

Effective Date: _____

Student Name *(Please Print)*: _____

SSN or Student ID: _____

I request and authorize ACTC to release the following information to the person named below:

***Required Information**

*Name of person to release information to: _____
(Please Print)

* Relationship to Student: _____

*Address: _____

*City/State/Zip: _____

*Security Code Word or phrase for Each Third Party (Requires 6-25 Characters): _____

Academic Information Financial Information Student Accounts

****NOTE**:** The ACTC Records Office will only release a Student ID # to the Student. A Photo ID is required.

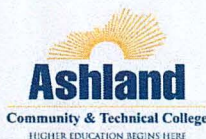
I authorize the above designee(s) to access the indicated information. The designee is not authorized to make any changes to my information.

I revoke access

Student Signature: _____

By signing this form you are authorizing Ashland Community and Technical College Admissions Office staff to release information about your student file. There is no expiration date.

If you would like to relinquish authority you must submit a new Records Release Form to revoke the access.



KCTCS is an equal opportunity employer and education institution.