



STUDENT'S NAME WHILE ATTENDING MNTC: \_\_\_\_\_

CURRENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_

**I give Moore Norman Technology Center permission to release school records and/or transcript of grades and credits earned to the institutions, persons or agencies listed below.**

**I understand that if I no longer wish to have my records released to the institutions, persons or agencies below, I must notify the Moore Norman Technology Center's Records Management department in writing.**

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RELEASE RECORDS TO:**

INSTITUTION/PERSON/AGENCY NAME: \_\_\_\_\_

STREET/BOX: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE AND FAX NUMBER: \_\_\_\_\_

PO Box 4701  
Norman, Oklahoma 73070  
Phone: 405.801.5000  
Fax: 1.405.561.4167

**If you are faxing this form, please note:  
This authorization will not be official unless a faxed copy of your photo ID is sent with this form.**