



☐ Current Student ☐ Prospective Student ☐ Former Student

Name (First, Middle, Last): _____

Date of Birth: _____ Social Security #: _____

Address (City, State, Zip): _____

Phone Number: _____ Email: _____

RELEASE RECORDS TO:

Institution/Person/Agency Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

By initialing below, I give Moore Norman Technology Center permission to release the following school records to the institutions, persons, or agencies listed above.

_____ Academic Records (ex: application status, grades, attendance, certifications, etc.)

_____ Financial Records (ex: financial aid, bursar statements, scholarship information, etc.)

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

Student Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____

MNTC Witness (if no ID): _____ Date: _____

PO Box 4701
Norman, Oklahoma 73070
Phone: 405.801.5000 | Fax: 1.405.561.4167
Email: Records.Management@mntc.edu

This authorization will not be official unless a copy of the student's government issued ID is included with this form.