

**Adams Campus**  
 401 North Main Street  
 Adams, WI 53910

**Marshfield Campus**  
 2600 West Fifth Street  
 Marshfield, WI 54449

**Stevens Point Campus**  
 1001 Centerpoint Drive  
 Stevens Point, WI 54481

**Wisconsin Rapids Campus**  
 500 32nd Street North  
 Wisconsin Rapids, WI 54494

Phone: 715.422.5300 Toll-free: 888.575.6782 Fax: 715.422.5561 Web: mstc.edu

STUDENT INFORMATION			
Name:	Date of Birth (mm/dd/yy):		
Social Security Number:	Student ID Number:		
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		

RELEASE INFORMATION TO			
Release Authorization as of (date):			
<input type="checkbox"/> This is a onetime release of information expiring on date listed above <b>-OR-</b> <input type="checkbox"/> This authorization will expire one year from authorization date			
Information to be released to (First and Last Name):			
Organization/School:			
Address:	City:	State:	Zip:
Reason for Release:			

MID-STATE EDUCATIONAL RECORDS AUTHORIZED FOR RELEASE		
<input type="checkbox"/> Counseling Notes <input type="checkbox"/> Disabilities Services Records <input type="checkbox"/> Disciplinary Records <input type="checkbox"/> Financial Records <small>(Parental information in these files cannot be released and will be redacted unless released to the parent themselves.)</small>	<input type="checkbox"/> Grades/GPA <input type="checkbox"/> Instructional Records <small>(Records of instructors regarding a student's educational progress) There is a charge of \$10 per nursing clinical document up to a maximum of \$50 to be paid at the local Campus Office prior to the processing this request.</small>	<input type="checkbox"/> Medical Records <small>(Reviewed by Mid-State counselors/instructors for academic counseling)</small> <input type="checkbox"/> Unofficial/Official transcript <input type="checkbox"/> Other (please list): _____ _____

<p><b><i>I understand that I may revoke this authorization to release records at any time by declaration in writing, except as information has already been released prior to revocation. Unless revoked, this authorization remains in effect until the expiration date.</i></b></p>	
Student Signature:	Date:

Please email completed form to [studentrecords@mstc.edu](mailto:studentrecords@mstc.edu) or mail to  
 Mid-State Technical College, Student Records, 500 32nd Street North, Wisconsin Rapids, WI 54494

FOR OFFICE USE ONLY	
Verified By:	Date:
Notes:	