



RED RIVER TECHNOLOGY CENTER

PO Box 1807 • 3300 West Bois D'Arc Ave. • Duncan, OK 73534

Phone: (580)255-2903 or (888)607-2446 • FAX (580)252-1327

www.rrtc.edu

APPROVAL FOR RELEASE OF RECORDS

Please Print

Student's Name: \_\_\_\_\_

Name at Time of Training: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Parent and/or Guardian: \_\_\_\_\_

Signature

Type of Training: \_\_\_\_\_Adult/Secondary Day Programs \_\_\_\_\_ Short-Term Adult \_\_\_\_\_ GED

Class Title(s): \_\_\_\_\_

Approximate Date of Training: \_\_\_\_\_

In accordance with Section 438 of Title V of the Educational Amendments of 1974 (P.L. 93-380), your signature at the bottom of this form authorized the release by Red River Technology Center of your test scores, grades, reports of personal qualities, etc., including those based on evaluation by teachers or counselors. By agreeing to the release of such information, you agree that no responsibility for future action of the inquiring school, agency, or individual will be accepted by any person or persons connected with Red River Technology Center, nor can they be held liable for any such actions.

I agree to the release of any information and I further understand that this authorization will be continuing until it is revoked in writing and such revocation is delivered to the school superintendent's office.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECORDS SENT TO

NATURE OF INFORMATION

Address \_\_\_\_\_

( ) \_\_\_\_\_

City State Zip FAX \_\_\_\_\_

Address \_\_\_\_\_

( ) \_\_\_\_\_

City State Zip FAX \_\_\_\_\_