



Date: \_\_\_\_\_  
MM/DD/YYYY

Butler ID# (if available): \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I authorize and give permission to the following individual(s) to support my admissions process for Butler Community College. This includes but not limited to submitting documents on my behalf and requesting information about my admissions status.

I understand that I am responsible for all parts of my admissions process and that all communication from Butler Community College regarding my admission will be sent directly to me.

1. \_\_\_\_\_  
Name Relationship to student  
\_\_\_\_\_  
Email address or/and phone

2. \_\_\_\_\_  
Name Relationship to student  
\_\_\_\_\_  
Email address or/and phone

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date