



*Renton Technical College*  
3000 NE Fourth Street  
Renton, WA 98056-4195

## Permission to Release Education Record Information

**Requested By (Student):**

**Release To (Recipient):**

LAST NAME FIRST NAME

LAST NAME FIRST NAME

STUDENT SID

ORGANIZATION/SCHOOL

DATE

ADDRESS

CITY STATE ZIP PHONE

Educational record information to be released:

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Purpose of release

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I give permission to Renton Technical College to release information to the recipient listed above or to any sponsoring governmental, private agency or prospective employers regarding my attendance, grades and/or general progress at Renton Technical College.

STUDENT NAME (PLEASE PRINT)

STUDENT SIGNATURE

6/2011