



NORTHSHORE TECHNICAL COMMUNITY COLLEGE

Office of Student Affairs

(Contact information here)

Authorization to Release Disciplinary Information

Step 1: To be completed by the student

Name: _____ Date of Birth _____

Home Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ LOLA # _____

College/University Transferring From: _____

Dates of Attendance: _____

Consent to Release Information

I, _____ hereby authorize the college/university(s) listed above to release my disciplinary record through written, verbal, or electronic means for the purpose of determining my readiness to be admitted into Northshore Technical Community College.

Student's Signature

Date

May your information be faxed or emailed? Yes No

Step 2: To be completed by the college/university transferring from

1. Does the student listed above have a disciplinary history? If yes, please describe: _____

2. Is the student eligible to return to this institution? If no, please explain: _____

3. Please include any additional information about this student that may help in making an admissions decision: _____

School Official's Name

Title

Phone Number

Email Address

Mailing Address