

**Consent for the Release of Information  
between**

**Fox Valley Technical College (FVTC)  
and  
FABCO Equipment Inc. (FABCO)**

I, \_\_\_\_\_, authorize FABCO and FVTC to share information regarding the following: my admission application to the ITS-FABTECH program, my application processing fee, progress in the application process, admission assessment results (Accuplacer), Official High School Transcript, personal interest letter, personal interview results, records of coursework enrolled in and completed at FVTC including term and cumulative grade point average, attendance records, financial aid application, any financial obligations owed to FVTC and any other specific information that pertains to my success in the ITS-FABTECH program.

The purpose of disclosure of these records: As a student in the Wisconsin Technical System and in a shared program between Fox Valley Technical College and FABCO Equipment Inc., I understand that it is necessary for the exchange of information to provide the needed admission processing, instruction and services for the program. All shared information between Fox Valley Technical College and FABCO Equipment Inc. will remain confidential.

I understand that my records are protected under the Federal and State confidentiality laws and regulations and cannot be disclosed without my prior written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, this consent expires automatically as listed below.

This release expires upon the fulfillment of the purpose for which the release was enacted and in any event, specifically either at my completion of the program or my withdrawal from the program. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Student Signature \_\_\_\_\_

Student ID (*Current FVTC Students Only*) \_\_\_\_\_

Student Address \_\_\_\_\_

Date Signed \_\_\_\_\_

Witness/Parent or Legal Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

NOTE: A photocopy or fax of this consent is valid as the original.