



STUDENT'S NAME WHILE ATTENDING MNTC: _____

CURRENT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ PHONE #: _____

CURRENT ADDRESS: _____

DATES OF ATTENDANCE: _____

I give Moore Norman Technology Center permission to release school records and/or transcript of grades and credits earned to the institutions, persons or agencies listed below.

I understand that if I no longer wish to have my records released to the institutions, persons or agencies below, I must notify the Moore Norman Technology Center's Records Management department in writing.

SIGNATURE OF STUDENT: _____ DATE: _____

PLEASE RELEASE RECORDS TO:

INSTITUTION/PERSON/AGENCY NAME: _____

STREET/BOX: _____

CITY, STATE & ZIP: _____

PHONE AND FAX NUMBER: _____

PO Box 4701
Norman, Oklahoma 73070
Phone: (405) 364-5763
Fax: (405) 360-9989

**If you are faxing this form, please note:
This authorization will not be official unless a faxed copy of your photo ID is sent with this form.**