Student Affairs

1400 College Drive Ashland, KY 41101 Telephone: (606) 326-2000 Toll free: (800) 928-4256

Student Records Release Form

Effective Date:
Student Name (Please Print):
SSN or Student ID:
I request and authorize ACTC to release the following information to the person named below:
*Required Information
*Name of person to release information to:
(Please Print)
* Relationship to Student:
*Address:
*City/State/Zip:
*Security Code Word or phrase for Each Third Party (Requires 6-25 Characters):
Academic InformationStudent Accounts
NOTE: The ACTC Records Office will only release a Student ID # to the Student. A Photo ID is required.
I authorize the above designee(s) to access the indicated information. The designee is not authorized to make any changes to my information.
I revoke access
Student Signature:
By signing this form you are authorizing Ashland Community and Technical College Admissions Office staff to release information about your student file. There is no expiration date.

If you would like to relinquish authority you must submit a new Records Release Form to revoke the access.

