

Mineral Area Community College MoSTEMWINs Release of Information



| Name: | |
|---|--|
| Student ID: | |
| Date of Birth: | |
| Phone Number: | |
| | |
| I authorize the MoWINs student support specialists ar | d instructors of Mineral Area College to: |
| Print Instructor Notification Memos, grades and | d progress reports for participant file. |
| Discuss my academic progress as they relate to credit | and noncredit programs with the following: |
| Faculty and Staff Exceptions: | |
| Vocational Rehabilitation (VR) | |
| Family Members | |
| Missouri Career Center | |
| Excel Staff | |
| Veterans Administration (VA) | |
| Division of Family Services | |
| L.I.F.E. Independent Living | |
| Workforce Development | |
| Internship/ Clinical Site | |
| Employer | |
| Other | |
| | |
| Student Signature D | Pate |