

**WIND RIVER TRIBAL COLLEGE
STUDENT RELEASE OF INFORMATION**

(REV. 5-2005 KNW)

Legal Name: _____

Social Security Number: _____

Please specify records that may be disclosed: (grades, financial assistance, etc.)

Purpose of disclosure:

Disclose information to:

**WIND RIVER TRIBAL COLLEGE
REGISTRAR
P.O. BOX 8300
ETHELE, WY 82520
(307) 335-8243
(307) 335-8148 FAX**

SIGNATURE

DATE

DATE RELEASE EXPIRES