



Student Release of Information Form

I hereby grant permission to North Dakota State College of Science to share my

- High school transcripts
- Pre-admission test results
- College grades
- Progress reports

with the sponsoring dealership.

Student Name _____

Street Address _____

City, State, Zip _____

Date _____ Signature _____

Return this completed form to

NDSCS Enrollment Services
800 Sixth St N
Wahpeton, ND 58076-0002.