

**Wisconsin Indianhead Technical College
Student Information & Authorization Form
Marshfield Clinic DHS Grant**

Complete Sections 1 & 2 and return to WITC

SECTION ONE

RECIPIENT INFORMATION

PLEASE PRINT NEATLY OR TYPE

READ INSTRUCTIONS CAREFULLY

Last Name	First Name	MI	Student ID
Permanent Address City	State	Zip	Date of Birth (month/date/year)
Home Area Code / Telephone #			Email Address
Program of Study	Are you admitted to the program? Y N		Targeted Graduation Date

SECTION 1

RECIPIENT CERTIFICATION AND AUTHORIZATION

READ CAREFULLY BEFORE SIGNING BELOW

I certify that the information provided on this WITC Marshfield DHS Grant Student Information and Authorization Form is true, complete, and correct to the best of my knowledge.

As a prospective student, I make the following authorizations if selected for sponsorship:

- I authorize Wisconsin Indianhead Technical College and the Company to release information about my selection as a participant in the Marshfield DHS Grant Tuition Reimbursement Program.
- I authorize Wisconsin Indianhead College and Marshfield Clinic to release my name and my hometown when announcing Marshfield DHS Grant Program recipients.
- I authorize Wisconsin Indianhead Technical College to release any necessary information to Marshfield Clinic for them to determine that I continue to maintain eligibility and qualify for the program including grades, program of study, and other pertinent information.
- I authorize Marshfield Clinic to release information to Wisconsin Indianhead Technical College regarding my attendance, performance, and other necessary information for the duration of this program.
- I understand that I may be required to sign more detailed release forms at Wisconsin Indianhead Technical College and at Marshfield Clinic to meet their specific policies.
- I understand that my financial aid package may be reduced if awarded this grant.

My signature certifies that I have read, understood, and agreed to the terms printed on this authorization form.

Recipient's Signature _____

Dated this _____ day of _____ 20 _____

SECTION 3

COMPANY SPONSOR INFORMATION (For internal use only)

Company Name _____

Address _____

City, State, Zip Code _____

Area Code / Telephone # _____

Email Address _____

Notes: