



## Dairy Herd Management Program Permission to Release Information

I, \_\_\_\_\_, give my permission to Lakeshore Technical College staff to release information, as part of the on-farm placement process, to prospective cooperating farmers.

The information to be released regarding me includes and is limited to:

Enrollment information including name, address, telephone, date of birth, major field of study, and social security number

Attendance information

Grade Report

Health Requirements/Student Emergency Information

Criminal records

I do not give permission for any other information to be released.  
This release expires two (2) years from the date of my signature.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

If a minor, please have a parent sign.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Attach to the on-farm placement form.

If questions, please contact: Don Geiger, Counselor  
1.888.468.6582 Extension 1109