

**DENTAL HYGIENE SHARED PROGRAM
PERMISSION TO EXCHANGE STUDENT INFORMATION**

The Dental Hygiene Consortium requires full exchange of student information so that the staff responsible to coordinate instruction and services are fully aware of your progress and needs. **Northcentral Technical College** and **Colby Community College** agree to maintain all shared information confidential. Full exchange of student information is a requirement for participation in the program.

STATEMENT

I hereby give **Northcentral Technical College** and **Colby Community College** my permission to exchange necessary student data and information in order to provide instruction and services. This information includes, but is not necessarily limited to: Test scores, class grades, lab scores, class progress, final class grades, teacher evaluations, enrollment and registration information, student follow-up data, student financial aid application, awards, and distribution, if applicable.

(Signature)

(Date)