



Presidential Student Ambassador

Access to Records Waiver Form

I, _____, hereby give my consent to the
(Print Full Name Please)
Presidential Student Ambassador Advisor, Director of Student Engagement and
Leadership, Christina Robinson to review my Bluegrass Community and Technical College
records to verify that I am enrolled and meet the academic requirements. I understand
that this information will be kept confidential.

Signature: _____

Student ID#: _____

Date: _____

Please include this form with your application packet and submit the complete packet to:

Director of Student Engagement and Leadership
BCTC – Cooper Campus
470 Cooper Dr.
Oswald Building, Room 103-J
Lexington, KY 40502