

Authorization to Release Student Information

To whom it may concern:

I _____, (Student ID#), _____ hereby authorize Inver Hills Community College to release and/or orally discuss the education records described below about me to:

The specific records covered by this release are (select with checkmark):

- All**
- Accounts Receivable** (itemized charges or credits)
- Financial Aid** (itemized charges, credits and refunds)
- Registration** (number of credit hours, add/drops)
- Grade Reports** at end of semester
- Other** (please specify) _____
- _____

I understand that the student records information listed above includes information which is classified under Minn. Stat. § 13.32 and the Federal Family Education Rights and Privacy Act (FERPA). I understand that by signing this Informed Consent Form, I am authorizing Inver Hills Community College to release to the persons named above information which would otherwise be private and not accessible to them.

I understand that, at my request, Inver Hills Community College must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke the consent at any time. The consent expires after one year or until I withdraw my consent, whichever comes first. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Dated: _____

Signed: _____

Email address: _____