Authorization to Release Student Information

I, ________________________ hereby authorize Inver Hills Community College to release and/or verbally discuss private education records about me in accordance with the conditions outlined below:

**Information may be released to:**

<table>
<thead>
<tr>
<th>Name/Organization</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Information that may be released includes:**

- [ ] All
- [ ] Information related to admission and demographic information
- [ ] Information related to course registration
- [ ] Information related to academic performance, class attendance, grades, and transcripts
- [ ] Information related to financial obligations and financial aid eligibility
- [ ] Information related to appeals, petitions, concerns, and disciplinary action
- [ ] Other (please specify) ____________________________

**By signing this form below, I signify my understanding of each of the following:**

- I understand that the student information/records listed above includes information that is classified as private under the Federal Family Education Rights and Privacy Act and the Minnesota Government Data Practices Act. Without my informed consent, Inver Hills cannot release the information described above because it is classified as private.
- I understand that when my education records are released to the persons named above, Inver Hills has no control over the use the person(s) named above make of the records that are released.
- I understand that, at my request, Inver Hills must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent.
- I understand this release expires one year from the date of receipt and that I must submit a new release form after one year if I wish to provide access to my private educational records.
- I understand that a photo ID card is required to submit this form. This is to ensure that I have authorized this release.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID #:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

This form must be submitted by the student to the Enrollment Center (College Center, 2nd Floor). A photo ID must be presented to the Enrollment Center when submitting this form. Questions about this form may be directed to the Enrollment Center at (651) 450-3503.

2014-06-17