

AUTHORIZATION TO RELEASE STUDENT INFORMATION

To Whom It May Concern:

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

Name/Institution: _____

Name/Institution: _____

The specific records covered by this release are (select all that apply):

- All**
- Accounts Receivable** (itemized charges or credits)
- Financial Aid** (itemized charges, credits, and refunds)
- Registration** (number of credit hours, add/drops)
- Grade Reports** (issued at end of semester)
- Accessibility Resources** (accommodations, meetings/appointments)
- Counseling/Advising** (course planning, transfer info, meetings/appointments)
- Other** - *please specify:* _____

I understand that the student records information listed above includes information which is classified as private 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, and/or their representatives, information which would otherwise be private and not accessible to them, and also that I am authorizing Inver Hills Community College to request records from the indicated persons above as well.

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 this consent at any time. This 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. *This consent will expire one year from the date signed, unless rescinded prior to the expiration by the student.*

Dated: _____

Signed: _____