

RELEASE OF INFORMATION FORM

www.minnesota.edu | 877.450.3322

TO WHOM IT MAY CONCERN:	
I,, (student ID #)	, hereby authorize Minnesota State
Community and Technical College and (high school name)	
to release and/or orally discuss the education records described	below about me to:
Name (List names of both parents, guardians and others)	Relationship
The specific records covered by this release are (check all that ap	oply):
Registration (add/drops/withdrawals) Grade Reports Classroom Attendance/Academic Progress/Perfor All of the above Other (please specify)	
I understand that the student records information listed above in private under Minn. Stat. §13.32 and the Federal Family Education this Informed Consent Form, I am authorizing Minnesota State Consent to the persons named above and their representative's in accessible to them.	on Rights and Privacy Act. I understand that by signing community and Technical College and my high school to
I understand that, at my request, Minnesota State Community as me with a copy of any educational records it releases to the persunderstand that I am not legally obligated to provide this inform This consent expires one year from the date signed or until I wi photocopy of this authorization form may be used in the same modocument.	sons named above pursuant to this consent. I ation and that I may revoke this consent at any time. thdraw my consent, whichever comes first. A
I am giving this consent freely and voluntarily and I understand t	he consequences of my giving this consent.
Name Printed:	
Signature:	Date:
The college is asking you to provide information which includes private informa however, if you refuse to provide some or all of the optional information, the co	

Minnesota State Community and Technical College

Please keep this completed form with the student's record at the high school.