

ROCHESTER COMMUNITY AND TECHNICAL COLLEGE

ADMISSIONS AND RECORDS ~~~ 507-285-7268

**INFORMED CONSENT / AUTHORIZATION
TO RELEASE STUDENT INFORMATION**

I, _____ (Stinger ID), _____
hereby authorize **Rochester Community and Technical College** to release and/or orally discuss the education records described below about me to: (list complete names of parents or other persons you are authorizing – note that they may be asked for proof of their identity) _____

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

- All**
- Academic** (grades and transcripts, academic standing, attendance, etc.)
- Accounts Receivable** (itemized charges or credits)
- Financial Aid** (eligibility, itemized charges, credits, and refunds)
- Registration** (number of credit hours, add/drops)
- Other** – please specify: _____

I understand that the student records information listed above includes information which is classified as private on me under Minn. Stat. § 13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Informed Consent Form, I am authorizing Rochester Community and Technical 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, Rochester Community and Technical College must provide me with a copy of any written 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.

EFFECTIVE DATE (OPTIONAL): _____ **EXPIRATION DATE (OPTIONAL):** _____

STUDENT SIGNATURE: _____ **DATE:** _____

NOTARY OR COLLEGE STAFF SIGNATURE: _____ **DATE:** _____

(Notarized signature is required unless the signature is witnessed by college staff upon presentation of photo ID.)



Rochester
COMMUNITY AND TECHNICAL
College
GET THERE.

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