



**Rochester**  
COMMUNITY AND TECHNICAL  
**College**

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

I, \_\_\_\_\_ (Student 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) \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Notary or College Staff/Date: \_\_\_\_\_

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