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 other persons you are authorizing)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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. Sat. § 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: ________________________________

Date: ________________________________

Notary or College Staff/Date:__________________________

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