

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)	
 All Academic (grades and transcripts, academic Accounts Receivable (itemized charges or Financial Aid (eligibility, itemized charges, etc.) 	credits)
Registration (number of credit hours, add/ Other – please specify:	drops)
I understand that the student records information list private on me under Minn. Stat. § 13.32 and the Funderstand that by signing this Informed Consent Technical College to release to the persons named a and not accessible to them.	Federal Family Education Rights and Privacy Act. I Form, I am authorizing Rochester Community and
I understand that, at my request, Rochester Commucopy of any written educational records it releases to I understand that I am not legally obligated to provid at any time. This consent expires after one year or u photocopy of this authorization may be used in the s documents.	o the persons named above pursuant to this consent. le this information and that I may revoke this consent ntil I withdraw my consent, whichever comes first. A
I am giving this consent freely and voluntarily and I unconsent.	nderstand the consequences of my giving this
Effective date (optional): Expi	ration date (optional):
Student Signature:	Date:
Notary or College Staff signature: (Notarized signature is required unless the signature)	Date: ture is witnessed by college staff upon presentation of photo ID.)



