

# 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.)