

**AUTHORIZATION FOR THE RELEASE
OF STUDENT INFORMATION**

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize (name of institution) _____ to release and/or orally discuss the education records described below about me to: _____

The specific records covered by this release are: _____

The persons to whom the information may be released, and their representatives, may use this information for the following purposes: _____

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 the College/University to release to the persons named above and their representatives information which would otherwise be private and not accessible to them. I understand that without my informed consent, the College/University could not release the information described above because it is classified as private.

I understand that when my education records are released to the persons named above and their representatives, the College/University has no control over the use the persons named above or their representatives make of the records which are released.

I understand that, at my request, the College/University must provide me with a copy of any 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 upon completion of the above stated purpose or after one year, whichever comes first. However, if the above-stated purpose is not fulfilled after one year, I may renew this consent. 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.

Dated: _____

Signed: _____