

NORTHLAND COMMUNITY & TECHNICAL COLLEGE

CONSENT OF INFORMATION RELEASE FORM

I, _____, Student ID _____ hereby
Please Print Your Name 8 digit number (00123456)

authorize Northland Community & Technical College to release (A transcript request may result in a \$5.00 fee) and/or orally discuss the education records indicated below about me to:

Please print name(s) of who you want access to your records here at NCTC.

Specify relationship to you: Parent/Guardian(s), Husband/Wife, Name of Third Party Organization (Job Service, Workforce Center, Rehab Services), Employer, etc.

The specific information to be released (check all that apply):

- _____ All - **(Give Release Immediately to the Financial Aid Office)**
- _____ Accounts Receivable (itemized charges or credits)
- _____ Attendance Records
- _____ Financial Aid – **(Give Release Immediately to the Financial Aid Office)**
- _____ GPA (current and/or cumulative)
- _____ Grade Reports (end of semester only)
- _____ Registration (number of credits, schedule, add/drops)
- _____ Transcript (A transcript request may result in a \$5.00 fee)
- _____ 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 the College 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 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 has no control over the use the persons named above or their representatives make of the records which are released.

I understand that access to the information will be limited to those persons who require access to accomplish the purpose stated above. I understand that I may revoke this consent at any time and that, in any case, it expires within one year of this date. I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Student Signature

Date

Office Use Only – After entering information in ST1100UG Demo Tab-Comments section with expiration date, please place paper copy in student file immediately.

Staff Initials

Date Entered in ISRS