



Student's ID Number: \_\_\_\_\_

## AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize Dakota County Technical College to release and/or verbally discuss private records described below about me to, \_\_\_\_\_ (Relationship) \_\_\_\_\_.

The specific record(s) covered by this release are:

- All Academic Information
- Information related to admission and demographic information.
- Information related to financial obligations and financial aid eligibility.
- Other (please specify): \_\_\_\_\_

By signing the form below, I signify my understanding of each of the following:

- I understand that the student information/records listed above includes information that is classified as private under the Federal Family Education Rights and Privacy Act and the Minnesota Government Data Practices Act. Without my informed consent, Dakota County Technical cannot 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, Dakota County Technical 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, Dakota County Technical College must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent.
- I understand this release expires one year from the date of receipt and that I must submit a new release form after one year if I wish to provide access to my private educational records.
- I understand that a photo ID card is required to submit this form. This is to ensure that I have authorized this release.

Student Name:	Student Signature:
Student ID #:	Date:

*This form must be submitted by the student to the Student Services Office. A Photo ID must be presented to the Student Services Offices when submitting this form.*