

Itasca Community College
Authorization for the Release of Student Information

Itasca C.C. cannot release private educational information to a parent, spouse, friend, etc. without the written consent from the student under the Family Educational Rights and Privacy Act (FERPA). One key provision of this law is that college students have the right to control disclosure of private education records about themselves to third parties - including parents, spouses or other family members. These rights apply to all college students - even if they are minors. If you would like us to answer questions asked by others about your records regarding financial aid, billing, or other educational data, then you need to authorize us to do so by completing the form below.

Student Name: _____ Student # _____

Address: _____

Phone #: _____ E-mail: _____

I am authorizing the release of private educational information to the following person(s):

Name Relationship

Name Relationship

The following information may be released by Itasca Community College:

_____ Grades _____ Housing Information _____ Class Schedule
_____ Attendance Information _____ Financial Aid Awards _____ Tuition Balance
_____ Financial Aid Disbursement _____ Disciplinary Records _____ Tuition Payments
_____ Other: _____

I understand that when my educational records are released to the persons named above, the College has no control over the use the person(s) named above make of the records which are released.

I place the following restrictions on the use the person(s) named above may make of this data while it is in their custody and control:

Consent for this authorization is for the following period of time (DO NOT LEAVE BLANK)

From ___/___/___ TO ___/___/___

I understand that by signing this Informed Consent Form, I am authorizing the College to release to the person(s) named above and their representatives information which would otherwise be private and not accessible to them. I also understand that I am not legally obligated to provide this information and that I may revoke this consent at any time.

Signature Date

Return form to:
Itasca Community College
Student Services
1851 E. Hwy 169
Grand Rapids, MN 55744
FAX – (218) 322.2320