

Itasca Community College

1851 E Hwy 169 * Grand Rapids MN 55744

Authorization for the Release of Student Information

Student Name: _____ Student # _____

Address: _____

Phone #: _____ E-mail: _____

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

_____	_____
Name	Relationship
_____	_____
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 and their representatives, the College has no control over the use the person(s) named above or their representatives make of the records which are released.

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

Consent for this authorization is for the following period of time: _____

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