



Authorization for the Release of Student Information

Itasca Community College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

Full name: _____ Student ID/SSN: _____

The specific records covered by this release are (select with a checkmark).

- All**
- Business Office** (itemized charges, credits or refunds, balances, payments)
- Financial Aid** (grants, scholarships, loan information, FAFSA information)
- Registration** (number of credit hours, add/drops, withdraws, class schedule)
- Address (local or permanent), Telephone Number, Email Address (personal)**
- Classroom Attendance/Academic Progress/Performance**
- Grades**
- Disciplinary**
- Housing**
- Other** – please specify: _____

I hereby authorize Itasca Community College to release and/or orally discuss my education records as described above to:

Name of person or persons to release information: _____
Relationship to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparent <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Other: _____

I understand that my student records information is classified as private under Minnesota Statute §13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Informed Consent Form, I am authorizing Itasca Community College to release to the person(s) named above and their representatives, information which would otherwise be private and not accessible to them.

I understand that, at my request, Itasca Community College must provide me with a copy of any student record it releases to the persons named above pursuant to this consent. I understand that I may revoke this consent at any time. **This consent expires after three years or until I withdraw my consent, whichever comes first.** A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

I am giving this consent freely and voluntarily.

Signature: _____ Date: _____

Printed Name: _____

Cancel Previous Authorization

Signature: _____ Date: _____

Printed Name: _____

***** Return this completed form to the Student Services Office *****

Itasca Community College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon advance request by contacting Ann Vidovic in Disability Services, 107 Donovan Hall at 800-996-6422 ext 2433. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529."