



Authorization For The Release Of Student Information

I, _____, ID Number _____ hereby authorize Dakota County Technical College to release and/or verbally discuss private records described below about me to the following person(s):

_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)

The specific record(s) covered by this release are (select with a check mark):

- Accounts Receivable (all billing charges, payments, payment plans, etc.) Financial Aid (itemized charges, credits, refunds, grants, scholarships, loans, etc.)
- Registration (attendance, enrollment, semester grades, academic progress holds, etc.)
- Accessibility Services information (accommodations, documentation, disability information, etc.)
- All
- Other (please specify) _____

I understand that the student records information listed above includes information which is classified as private data 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 Dakota County Technical College to release to the persons named above information which would otherwise be private and not accessible to them. I understand that when my education records are released to the persons named above and their representatives, the College/University 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. This authorization does not pertain to details regarding student conduct or disciplinary matters, medical or counseling services records. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

Please honor this authorization through _____ (mm/dd/yyyy). **If no date is specified, this consent expires after one year or until I withdraw my consent, whichever comes first.** I understand that I may revoke this consent at any time.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Dated: _____ Signed: _____

This form must be submitted by the student to the Enrollment Services Office and a photo ID must be presented.

If you are MAILING this document, you will need to sign the form in front of a notary public (see below).

State of _____ County of _____ Notary Seal: _____	On this ____ day of _____ personally appeared before me, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that they executed it. _____ Signature of Notary Public
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