



# CONSENT TO RELEASE INFORMATION

**Please Print**

Social Security Number or Tech ID: \_\_\_\_\_

Student Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

- Brooklyn Park Campus     Eden Prairie Campus     Off Campus

**Information to be Released:**

Indicate the specific information that you are requesting to be released; for example, grades, enrollment/registration history, test scores, immunization records, attendance, financial aid transcript, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize the release of the information designated above to:**

Indicate the name and address of the specific person, agency, organization, employer, etc. who is to receive the information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information is to be used for the purpose of:**

Indicate the specific reason for which the information is being released; for example, application to school, employment, loan approval, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information released is to be used by the agency's personnel for the sole purpose for which the disclosure was made, and the information is not to be disclosed to any other party without prior written consent.

I have been informed of my right to release the information.

I understand that I may revoke this consent upon written notice (not retroactive) and that this consent will automatically expire within one (1) year after the date of my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of eligible student or legal guardian authorizing release of information*

Authorization Expiration Date: \_\_\_\_\_