



**Authorization for the Release of Student Information**

1. Student Information:

Name \_\_\_\_\_ Student I.D. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. I, \_\_\_\_\_, hereby authorize Riverland  
(print your full name)

Community College to release the following information from my student records:

(check all that apply):

- \_\_\_\_\_ Address
- \_\_\_\_\_ Phone
- \_\_\_\_\_ Learning Accommodations
- \_\_\_\_\_ College Transcript
- \_\_\_\_\_ Graduation date
- \_\_\_\_\_ Documentation of Disability
- \_\_\_\_\_ Financial Aid Information
- \_\_\_\_\_ Other-please specify \_\_\_\_\_

3. Release the information to the following individual(s) or agency (check all that apply):

- \_\_\_\_\_ Prospective Employers-Name & Address: \_\_\_\_\_
- \_\_\_\_\_ Workforce Center-Name & Address: \_\_\_\_\_
- \_\_\_\_\_ Social Service Agency-Name & Address: \_\_\_\_\_
- \_\_\_\_\_ Medical Facility-Name & Address: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

4. I am requesting the release for the following reason(s) and purpose(s):

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

**(see the reverse side for disclaimers and signature line)**

Riverland Community College is asking you to provide private personal data in order to process your request for permission to release information. This information will be used to process your request. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials. Under certain circumstances, federal and state laws authorize release of private information without your consent to state and federal agencies or as otherwise permitted by other state and federal laws.

I understand that the student records information subject to this release includes information which is classified as private on me 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 the college to release to the persons named above and their representatives information which would otherwise be private and not accessible to them. I understand that without my informed consent, the College could not release the information described above because it is classified as private.

I understand that when my name, address, phone number, and graduation date are released to the persons named above and their representatives, the College has no control over the use the persons named above or their representatives make of the records which are released.

I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. The consent expires upon completion of the above-stated purpose or after one year, whichever comes first. However, if the above-stated purpose is not fulfilled after one year, I may renew this consent. 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 and I understand the consequences of my giving this consent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_