



ACCESSIBILITY SERVICES

Authorization for the Release of Student Information

1. Student Information:

Name _____ Student I.D. _____

Address _____

Telephone _____ Accept Text Messages ____ Yes ____ No

Riverland E-mail _____

Preferred E-mail _____

Date of Birth _____

2. I, _____, hereby authorize Riverland Community College to release the following information from my student records:

Check all that apply:

____ Address

____ Telephone

____ Student Tech I.D.

____ Date of Birth

____ Accessibility Services Information (accommodation information only)

____ Accessibility Services Information (documentation and accommodation information)

____ Riverland E-mail address

____ Preferred E-mail address

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

____ Independent Management Services

____ Southern Minnesota Psychological Services, PLLC

____ Tutoring Services

____ Parent/Guardian: _____

____ Other/s, please indicate: _____

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 and/or Independent Management Services (IMS)/Southern Minnesota Psychological Services, PLLC (SMPS) 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 and IMS/SMPS Client Services Personnel. 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 here 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 the release of information will be used for appointment and invoice/billing management.

I understand that if information shared with a representative from Riverland Community College, Independent Management Services (IMS), or Southern Minnesota Psychological Services, PLLC (SMPS) that discloses an imminent threat to either myself or a third party, both Riverland Community College, IMS, and SMPS have a responsibility to divulge this information to a person capable for reducing the threat. This may include the person who is in danger and law enforcement.

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.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Return completed form to:

Suhai Boyer

Accessibility Services Specialist

507-379-3328

accessibility@riverland.edu

FAX (507) 433-0515 1900 8th Ave. NW Austin, MN 55012