

Information Release

If you want the St. Cloud Technical and Community College staff to be able to discuss your information with a third party (spouse, parents, agencies, etc.), you'll need to complete this form.

I hereby consent to the release of my records, to the extent defined below, by the St. Cloud Technical and Community College:

Records to be released: (✓ below)

- Financial Aid
- All college charges as they appear on my term record for the academic year
- All payment information, including Financial Aid, applied to my term bill
- Academic Records, Transcripts, Grades, Probation/ Suspension
- Assessment test results
- Drug or alcohol disciplinary violation
- Other _____
(must specify: i.e. medical, etc.)

Reasons for such release: (✓ below)

- Personal
- Job related
- Funding related (scholarship organizations, etc.)

Parties to whom such records may be released:

Full name(s)

Relationship/Organization

Full name(s)

Relationship/Organization

I understand that the student records information lists above 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 Authorization for the release of Student Information Form, I am authorizing the St. Cloud Technical and Community College to release to the persons named above and their representative's information which would otherwise be private and not accessible to them. I understand that without my informed consent, the St. Cloud Technical and Community College could not release the information described above because it is classified as private. Per the Minnesota Data Practices Act, this consent is valid for one year.

I understand that when my education records are released to the persons named above and their representatives, the St. Cloud Technical and Community College 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, the St. Cloud Technical and Community College must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. This 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 documents.

Signature

Student Name

Tech ID #

Student Signature

Date

Please complete, sign and return this form to:

St. Cloud Technical and Community College Financial Aid Office 1540 Northway Drive St Cloud, MN 56303