

Rainy River Community College

Authorization to Release Student Information

I, _____, hereby authorize Rainy River Community College
(student name)

to release and/or orally discuss my education records described below to:

(list names)

The specific records covered by this release are:

_____ All

_____ Accounts Receivable (itemized charges or credits)

_____ Financial Aid (itemized charges, credits, and refunds)

_____ Housing (charges, credits, and itemized damage charges)

_____ Registration (number of credit hours, add/drops)

_____ Grade Reports (at the end of the semester)

_____ Other (please specify) _____

I understand that the student records information listed above includes information on me that is classified as private 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 that would otherwise be private and not accessible to them.

I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

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

Signed: _____

Date: _____

Equal Opportunity Employer and Educator