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