



Authorization to Release Student Information

I _____, (tech ID#) _____ here by authorize **South Central College** to release and/or orally discuss the education records described below about me to the following person(s):

1. _____
(Name) (Relationship)

2. _____
(Name) (Relationship)

The specific records covered by this release are (select with checkmark):

- _____ Accounts Receivable (all billing charges, payments, payment plans)
- _____ Financial Aid (itemized charges, credits, refunds, grants, scholarships, loan info)
- _____ Registration (attendance, enrollment, semester grades, academic warning/probation/suspension)

I understand that the student records information listed above includes information which is classified as private data 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 South Central College to release to the persons named above information which would otherwise be private and not accessible to them. I understand that, at my request, South Central College must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. This authorization does not pertain to details regarding student conduct or disciplinary matters, medical or counseling services records.

Please honor this authorization through _____ (mm/dd/yyyy). If no date is specified, this consent expires after one year or until I withdraw my consent, whichever comes first. I understand that I may revoke this consent at any time.

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

Dated: _____ Signed: _____

If you are MAILING this document, you will need to sign the form in front of a notary public (see below).

State of _____

County of _____

Notary Seal:

SS On this ____ day of _____ personally appeared before me, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

Signature of Notary Public

Processed by...	
Date	
Initials	