



Records Office  
1355 West Highway 10  
Anoka MN 55303  
Tel: 763-576-7740  
www.anokatech.edu

## Consent for Release of Information

I, \_\_\_\_\_, hereby authorize Anoka Technical College (ATC) to release and/or verbally discuss private education records about me in accordance with the conditions outlined below:

Information may be released to:

\_\_\_\_\_; (relationship to student) \_\_\_\_\_  
\_\_\_\_\_; (relationship to student) \_\_\_\_\_

Information to be released includes:

- All information.
- Information related to admission and demographic information.
- Information related to special admission and transfer (PSEO, Concurrent Enrollment, etc.).
- Information related to academic performance, class attendance and grades.
- Information related to financial obligations and financial aid eligibility.
- Information related to appeals, petitions, concerns, and disciplinary action.
- Other \_\_\_\_\_

By signing below, I signify my understanding of each of the following:

- I understand that the student information/records listed above includes information that is classified as private under the Federal Family Education Rights and Privacy Act and the Minnesota Government Data Practices Act. Without my informed consent, ATC cannot release the information described above because it is classified as private.
- I understand that when my education records are released to the persons named above, ATC has no control over how the person(s) named above make use of the records that are released.
- I understand that, at my request, ATC 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 may revoke this consent at any time by giving written notice to the Records Office.
- I understand this release expires one year from the date I entered below and that I must submit a new release form after one year if I wish to provide access to my private educational records.
- I understand that I must personally return this form to the Records Office and that staff in that office will verify my identity by reviewing a photo ID. This is to ensure that I have authorized this release.

Student Signature \_\_\_\_\_ Tech ID/Star ID \_\_\_\_\_

Date \_\_\_\_\_

***A photo ID is required. Submit completed form in-person to the Records Office, Suite 104***

Office Use Only: Photo ID viewed: Yes or No Viewed By: \_\_\_\_\_ Date \_\_\_\_\_  
Entered into ISRS by Records Office team member: \_\_\_\_\_ Date \_\_\_\_\_