



Office of Records and Registration
1355 West Highway 10
Anoka, MN 55303
763-576-7740
AnokaTech.edu

Consent for Release of Information

I, _____, hereby authorize Anoka Technical College to release and/or discuss my education records with: _____ (Relationship to student: _____)

The specific records covered by this release are (check all that apply):

- Information related to admission status and demographic information
Information related to academic performance, class attendance and grades
Information related to financial obligations and financial aid eligibility
Information related to petitions or concerns (Exception to Policy, Academic Standards, Conduct)
Other _____

I understand that the student records information about me listed above includes information which is classified as private under Minn. Stat. § 13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Consent for Release of Information form, I am authorizing Anoka Technical 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, Anoka Technical College 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 and their representatives, Anoka Technical College has no control over the use of the records once they are released.

I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time upon written notice. 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.

I also understand that this consent will automatically expire within one calendar year of the date of my signature below, and that it is my responsibility to sign a new release if I wish information to continue to be released to the party listed above.

Student Signature _____ Student ID _____ Date _____
Address _____ City _____ State ____ Zip _____

OFFICE USE ONLY: Entered in ISRS: _____