



CONSENT TO RELEASE STUDENT INFORMATION
PLEASE PRINT IN BLACK INK ONLY

I, _____, hereby authorize Anoka-Ramsey Community College (ARCC) to release and/or orally discuss the education records checked below about me to: _____
(relationship to student: _____).

Specific records covered by this release are:

- ☐ 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 (Academic Standards, Exception to Policy, Conduct)
- ☐ Other _____

The person to whom the information may be released, and their representatives, may use this information for the following purpose(s): _____
_____.

I understand that the student records information listed above includes information, which is classified as private under the Federal Family Education Rights and Privacy Act and the Minnesota Government Data Practices Act. I understand that by signing this Informed Consent to Release Student Information form, I am authorizing ARCC to release to the persons named above information that would otherwise be private and not accessible to them. I understand that without my informed consent, ARCC could not 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, ARCC has no control over the use the persons named above make of the records that are released. I understand that, at my request, ARCC must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

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

This consent expires upon completion of the above stated purpose or after one year, whichever comes first.

However, if the above-stated purpose is not fulfilled after one year, I may renew this consent. I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Signature _____ Student ID _____ Date _____
Address _____ City _____ State _____ ZIP _____