



CONSENT TO RELEASE STUDENT INFORMATION
PLEASE PRINT IN BLACK INK ONLY

I, _____, hereby authorize Anoka-Ramsey Community College (ARCC) to release and/or verbally discuss private education records about me in accordance with the conditions outlined below 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)
- All Information
- Other _____

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

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

- I understand that the student records information 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, ARCC cannot release the information described above because it is classified as private.
- I understand that by signing this 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 when my education records are released to the persons listed above, ARCC has no control over how they use the released records.
- 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.
- I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time.
- I understand this release **expires after 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 education records.

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

Signature _____ **Student ID/StarID** _____ **Date** _____

A Photo ID is required. Submit completed form in-person to the Records Office.

Office Use Only: Photo ID Viewed by: _____ Date: _____

Entered into ISRS by Records Office team member: _____