



CONSENT TO RELEASE STUDENT INFORMATION

Student Information:

First Name:	Middle Name:	Last Name:
Star ID/Tech ID:	Email Address:	

A new form must be submitted for each person you are releasing your information to. This form will be valid for **two years** from the signed date. If you wish to rescind before then, please complete another form.

I hereby authorize Anoka-Ramsey Community College to release and/or orally discuss the education records describe below about me to:

Name of Person or Agency (First and Last)	Relationship

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

- Academic** (satisfactory academic progress: warning, suspension, or probation, petitions, exceptions, holds, etc.)
- Business Office** (tuition, fees, refunds, payment info, book charges, etc.)
- Conduct** (disciplinary, etc.)
- Financial Aid** (grants, scholarships, loan info, FAFSA, work study, etc.)
- Office for Students with Disabilities** (disability related information)
- Records** (grades, grade point average, unofficial transcript, admission status, demographic information, etc.)
- Registration** (drops, adds, withdrawals, course schedule, etc.)
- I rescind my previous authorization to release information to the individual noted above**
- Other—Please specific:** _____

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 person(s) named above information that would otherwise be private and not accessible to them.
- I understand that when my education records are released to the person(s) listed above, ARCC is not responsible and 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 person(s) 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 by completing a request.
- I understand this release **expires after two years** from the date I sign the form and that I must submit a new release form after two years 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.

Student Signature:	Date:
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Submit completed form in-person to the Records Office or send to arcc.records@anokaramsey.edu

Entered into ISRS by Records Office team member: _____