



AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

Records Department
Room 2220, West Campus
3300 Century Avenue North
651.779.3299

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize _____
Name Student ID Person/Department/Office
of Century College, to release and/or orally discuss the education records described below:

The specific records covered by this release are:

- | | |
|--|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Billing Information | <input type="checkbox"/> Previous coursework |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Other: _____ |

This information may be released to the persons named below, and their representatives.

This information may be used by the persons named above and their representatives, for the following purposes:

I understand the student records information listed above includes information classified as private under Minn. Stat. § 13.32 and the Federal Family Education Rights and Privacy Act. I understand by signing this informed consent form, I authorize the College/University to release to the persons named above and their representative's, information which would otherwise be private and not accessible to them. I understand without my informed consent, the College/University could not release the information described above because it is classified as private.

I understand when my education records are released to the persons named above and their representatives, the College/University has no control over the use the persons named above, or their representatives, make of the records which are released.

I understand, at my request, the College/University must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. I understand I am not legally obligated to provide this information and I may revoke this consent at any time. 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.

Signed: _____ Date: _____

Staff Signature: _____ Date: _____