



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:

- Attendance
- Billing Information
- Class Schedule
- Grades
- Previous coursework
- 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 advise me 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. ***I also understand this form expires one year from dated signature.***

Form is to be signed and submitted to the Records office by the student with a valid photo ID.

Signed: _____

Date: _____

Staff Signature: _____

Date: _____