



NORMANDALE
COMMUNITY COLLEGE

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

I, _____ hereby authorize Normandale Community College to
Please print clearly
release and/or orally discuss the education records described below about me to (specify name):

The specific records covered by this release are:

- All
- Normandale Transcripts
- Student File (including all transcripts)
- Financial Records
- Grades & Class Progress
- Other: _____

Purpose of this disclosure: _____

I understand that the student records information listed above includes information which is classified as private under Minnesota Statute §13.32 and the Federal Family Educational Rights and Privacy Act. I understand that by signing this Informed Consent Form, I am authorizing the College to release to the person(s) named above and their representative(s) information which would otherwise be private and not accessible to them. 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 understand that when my education records are released to the person(s) named above and their representative(s) the College has no control over the use the person(s) named above or their representative(s) make of the records which are released.

I understand that, at my request, the College must provide me with a copy of any educational records it releases to the person(s) 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 am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Date: _____ Signed: _____