



Authorization for the Release of Student Information

- **This form may only be submitted in person to the Student Services Center T.2200.** You will be required to show acceptable photo identification. Faxed or mailed forms will not be accepted. If you cannot submit this form in person, please see the MCTC website to submit your request online as an eForm.
- **This authorization expires one year from the date of your signature.** If you want to withdraw your consent before one year has passed, you must contact the Student Services Center.
- **The person(s) you authorize will be required to show government-issued identification to access the records described below.** As always, private information cannot be provided over phone or email whether to a student or to a person authorized by the student.

Student Information

First name	Middle name or initial	Last name
MCTC ID or Star ID	Date of birth	

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

Business Office (itemized charges, credits, or refunds)

Financial aid (grants, scholarships, loan information, and FAFSA information)

Registration (number of credit hours, add/drops)

Classroom attendance/academic progress/performance

Grades

Other – please specify

I hereby authorize Minneapolis Community and Technical College to release and/or orally discuss the education records describe above about me to:

Spouse _____

Parent 1 _____

Parent 2 _____

Grandparent(s) _____

Agency name and contact person _____

Other – please specify _____

I understand that the student records information about me which is classified as private under Minnesota Statute § 13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Informed Consent Form, I am authorizing Minneapolis Community and Technical College to release to the person(s) named above information which would otherwise be private and not accessible to them.

I understand that, at my request, Minneapolis Community and Technical College must provide me with a copy of any student record it releases to the persons named above pursuant to this consent. I understand that I may revoke this consent at any time and will notify the College in writing if I intend to do so. **This consent expires after one year or until I withdraw my consent, whichever comes first.** A photocopy of this authorization may be used in the same manner and with the same effect as the original document. I am giving this consent freely and voluntarily.

Signature

Student Signature	Date
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MCTC use only

Processed by	Date Processed	Identification provided: <input type="checkbox"/> Student ID card <input type="checkbox"/> Government-issued ID card	Other: <div></div>
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