Hennepin Technical College™

CONSENT TO RELEASE INFORMATION

This form needs to be submitted in person by the student with a photo ID.
The party obtaining information must present a photo ID in person to receive information.

Please Print or Type

Student Tech ID: _____

Student Name: _____
Last Name *First Name* *Middle Name*

☐ Brooklyn Park Campus ☐ Eden Prairie Campus ☐ Off Campus

Information to be Released:
Indicate the specific information that you are requesting to be released; for example, grades, enrollment/registration history, test scores, immunization records, attendance, financial aid transcript, etc.

_____

_____

_____

I authorize the release of the information designated above to:
Indicate the name and address of the specific person, agency, organization, employer, etc. who is to receive the information.

_____

_____

_____

The information is to be used for the purpose of:
Indicate the specific reason for which the information is being released; for example, application to school, employment, loan approval, etc.

_____

_____

_____

The information released is to be used by the agency's personnel for the sole purpose for which the disclosure was made, and the information is not to be disclosed to any other party without prior written consent.

I have been informed of my right to release the information.

I understand that I may revoke this consent upon written notice (not retroactive) and that this consent will automatically expire within one (1) year after the date of my signature.

Signature: _____Date: _____
Signature of eligible student or legal guardian authorizing release of information

This Consent to Release Information Form expires on: _____