

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Ito release and/or orally guardians, individuals o	discuss the education reco	hereby authorize No ords described below about me to	
Last Name or Organization	First Name	Last Name or Organization	First Name
Relationship to Student		Relationship to Student	
The specific records cov	ered by this release are (s	elect checkbox(s)):	
☐ Dis ☐ Stu ☐ Gra ☐ Ho ☐ Im ☐ App ☐ Reş	vising records cabilities Services record dent billing and financia nde reports (at end of sen using (charges, credits, an migration status plication process gistration (number of cre of the above	al aid nester) nd itemized damage charges)	
private information und understand that by sign:	er Minn. Stat. § 13.32 and ing this Informed Consent amed above and their rep	listed above includes information the Federal Family Education Rig Form, I am authorizing Northwes resentative's information which v	ghts and Privacy Act. I st Technical College to
educational records it re not legally obligated to p expires after one year or	eleases to the persons name provide this information as runtil I withdraw my cons	nical College must provide me wit ned above pursuant to this consent nd that I may revoke this consent sent, whichever comes first. A pho d with the same effect as the orig	nt. I understand that I am at any time. This consent otocopy of this
I am giving this consent	freely and voluntarily and	I understand the consequences o	of my giving this consent.
Student Signature		Dated:	
		(Effective f	for one year after date)

Return to: Records Office Northwest Technical College, 905 Grant Avenue SE, Bemidji, MN 56601-4907

† Minnesota State Colleges & Universities †
218-333-6647 / Fax: 218-333-6697 / 905 Grant Avenue SE, Bemidji, MN 56601-2699
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