Release of Private Educational Data Form

I, ____________________________, hereby authorize North Hennepin Community College (NHCC) to release and/or verbally discuss private education records about me in accordance with the conditions outlined below:

Information may be released to:
_________________________________________; (relationship to student) ___________________________
_________________________________________; (relationship to student) ___________________________

For the purpose(s) of: ________________________________________________________________________

Information to be released includes:

☐ All.
☐ Information related to admission and demographic information.
☐ Information related to special admission and transfer (PSEO, International Students, etc.).
☐ Information related to academic performance, class attendance and grades.
☐ Information related to financial obligations and financial aid eligibility.
☐ Information related to appeals, petitions, concerns, and disciplinary action.
☐ Other ______________________________________________________________________________

By my initials, I signify my understanding of each of the following:

_____ I understand that the student information/records listed above includes information that is classified as private under the Federal Family Education Rights and Privacy Act and the Minnesota Government Data Practices Act. Without my informed consent, NHCC can not release the information described above because it is classified as private.

_____ I understand that when my education records are released to the persons named above, NHCC has no control over the use the person(s) named above make of the records that are released.

_____ I understand that, at my request, NHCC must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent.

_____ I understand this release expires one year from the date of receipt and that I must submit a new release form after one year if I wish to provide access to my private educational records.

_____ I understand that a photo ID card is required with this form, and must be submitted in person. This is to ensure that I have authorized this release.

Student Signature ____________________________________ Tech/Star ID _______________________

Effective Term/Year _________________________________ Date ______________________________

A photo ID is required. Submit completed form in person to: Office of Records and Registration, ES 70

Photo ID viewed: Yes or No Viewed By: __________________________ Date ________________

Office Use Only: Received by Records and Registration _________________ Date ________________