North Hennepin
Community College

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 at the end of the current term and I may submit a new release form for additional terms if necessary. (Forms submitted for Fall Semester expire December 31; forms submitted for Spring Semester expire May 31; forms submitted for Summer Session expire August 31.)

Student Signature _____Student/Tech ID _____

Effective Term/Year _____ Date _____

Submit completed form to: Office of Student Affairs, ES 45

Office Use Only: Received by Student Affairs _____ Date _____