



Authorization for the Release of Student Information

Brainerd Campus
501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or 218-855-8031
FAX # 218-855-8269

Staples Campus
1830 Airport Road
Staples, MN 56479-0099
1-800-247-6836 or 218-894-5126
FAX # 218-894-5185

Full name: _____ Student ID/SSN: _____

The specific records covered by this release are (select with a checkmark).

- All
- 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 Central Lakes College to release and/or orally discuss the education records described above about me to:

List **full name** of person or persons to release information:

- Spouse
- Mother and Father
- Mother Only
- Father Only
- Grandparent
- Agency: _____
- Other: _____

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 Central Lakes College to release to the person(s) named above and their representatives' information which would otherwise be private and not accessible to them.

I understand that, at my request, Central Lakes 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. **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: _____ Date: _____

Printed Name: _____

Cancel Previous Authorization

Signature: _____ Date: _____

Printed Name: _____

***** Return this completed form to Records and Registration *****

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Paula Huss in Disability Services, office C111 at 800-933-0346 ext 8175. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529."