

Student Services



Authorization for the Release of Student Information

Brainerd Campus
 501 West College Drive
 Brainerd, MN 56401-3900
 1-800-933-0346 or
 218-855-8000
 Fax: 218-855-8269

Staples Campus
 1830 Airport Road
 Staples, MN 56479-3252
 1-800-247-6836 or
 218-894-5100
 Fax: 218-855-8252

Last Name: _____ First: _____ Middle: _____

SSN or Tech ID: _____ Date of Birth: _____

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

- All Records
- 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/Partner
- Mother and Father
- Mother and Stepfather
- Father and Stepmother
- Mother Only
- Father Only
- Grandparent
- Agency Name and Contact: _____
- Other – please specify: _____

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: _____

Cancel Previous Authorization

Signature: _____ Date: _____

***** Return this completed form to Student Services *****