



Authorization for the Release of Student Information Request Form

Directions:

Please complete this form to allow CLC to release private student data to a designated individual or third party. This request is valid for up to one (1) year under Minnesota Statute § 13.32 and the Federal Family Education Rights and Privacy Act (FERPA).

Student Information:

First Name: _____ Middle: _____ Last: _____

StarID or Tech ID: _____ Date of Birth: _____

Permission to Release Data:

I hereby authorize Central Lakes College to release and/or orally discuss my education records described below to:

- Spouse/Partner Name: _____
- Mother and Father: Names: _____ and _____
- Mother and Stepfather: Names: _____ and _____
- Father and Stepmother: Names: _____ and _____
- Mother Only Name: _____
- Father Only Name: _____
- Grandparent Name: _____
- Agency Name and Contact Name: _____
- Other – Please specify: _____

The specific records covered by this release are indicated 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/Transcripts/Grade point average (GPA)
- Other – please specify: _____

- Please rescind a previous authorization to the following party: _____

I understand that the information listed above is classified as private under Minnesota Statute §13.32 and FERPA and cannot be released without my consent. When my private information is released to the person(s) named above, CLC has no control over how they use that information. I may revoke this authorization at any time.

Signature: _____ Date: _____



CLC Contact Information:

CLC Brainerd Campus

501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8000
Fax: 218-855-8269
askclc@clcmn.edu

Staples Campus

1830 Airport Road
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1-800-247-6836 or
218-894-5100
Fax: 218-296-7256
askclc@clcmn.edu