

ANOKA TECHNICAL COLLEGE

1355 WEST HIGHWAY 10 | ANOKA, MN 55303

CONSENT FOR RELEASE OF INFORMATION

This authorization will allow Anoka Technical College to release specific information to the party listed below for the purpose of both identifying and implementing services available at the College and from the agency (ies) indicated below. The purpose of these services is to assist the student in selecting and completing a specific and appropriate course of training which will be likely to result in competitive employment. Students are not required to provide this release, but failure to provide the college with permission to release the information indicated below may result in an interruption of services from outside agencies, including the provision of classroom training funds to the student.

I, _____, consent to allow Anoka Technical College to release information contained in my records as outlined below:

- | | |
|--|--|
| <input type="checkbox"/> Semester Grade/Progress Reports | <input type="checkbox"/> Appropriate medical information |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Vocational Rehabilitation Information |
| <input type="checkbox"/> Test Results (Test: _____) | <input type="checkbox"/> Grade Transcripts |
| <input type="checkbox"/> GED Information | <input type="checkbox"/> Verbal Two Way Communication |
| <input type="checkbox"/> Adult Basic Education Information | <input type="checkbox"/> Other _____ |

Party to whom information may be released:

Contact Name: _____

Agency Name: _____ Phone: _____

Address: _____

USE OF INFORMATION:

The use of this information is private and cannot be released to third parties without written consent.

REVOCATION CLAUSE:

I understand that I may revoke this consent upon written notice (not retroactive). I also understand that this consent will automatically expire within one calendar year of the date of my signature below, and that it is my responsibility to sign a new release if I wish information to continue to be sent to the party listed above.

SIGNATURE:

Student Signature

Street Address

City State Zip

Home Area Code/Telephone Number Cell Area Code/Telephone Number

Date Student ID number/Social Security Number