



1355 West Highway 10  
Anoka, MN 55303

www.anokatech.edu

## 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:

- Semester Grade/Progress Reports
- Attendance Records
- Test Results (Test: \_\_\_\_\_)
- GED Information
- Adult Basic Education Information
- Appropriate medical information
- Vocational Rehabilitation Information
- Grade Transcripts
- Verbal Two Way Communication
- 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.

Student Signature \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Date \_\_\_\_\_ SSN# or Student ID \_\_\_\_\_