I, _____________________________________________, __________________________ ,
(Print first and last name) (Student ID)
give permission to Pine Technical & Community College to discuss and share information with:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Information may include

This information includes, but is not limited to:

- Attendance
- Disability-related information—must sign an additional release form for disability related issues from Disability Services.
- Grades
- Placement scores
- Previous assessment results
- Progress Reports
- Student Code of Conduct Issues
- Other: ____________________________________________

Effective

Effective through: ____________________________________________________________________________

Student Signature ___________________________ Date ___________

Reference

Reference: State Data Practices Act, Chapter 298, sec. 1