



## Instructions

The College has one Release of Information (ROI) form maintained through the Registrar's office that allows a student to designate a third party to be given information about the student's educational records. Access can be limited to certain documents or types of records.

The form may be used to allow College officials to speak with a relative or non-relative, though its use does not mandate that information will be released. Please note that while the form gives the College permission to share otherwise protected information when requested, it does not mean that the College will initiate contact with third parties, and nor does it give the third party the right to act on behalf of the student. In some cases, College officials may first contact the student before sharing information even if an ROI is on file.

While this release covers the vast majority of educational records, some offices require additional or specialized release forms to be signed by the student. An explanation and links to forms or offices are listed below. Unless otherwise noted, release forms are valid for two academic years from the signed date. **Your ROI will remain in effect until you inform us by submitting a NEW "Release of Information" form indicating you wish to rescind your existing request.**

### Important notes about the authorization form:

- It must be filled out by the student.
- It is voluntary, not required.
- You may select any or all of the categories of information you wish to share with the authorized person(s).
- Your authorization may be started or stopped at any time by submitting an updated form.
- Anyone attempting to access information under an ROI should be prepared to confirm identity with PTCC staff (i.e., verifying date of birth, identification card, etc.).



An \* indicates required information.

## Student Information

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

\*Tech ID #: \_\_\_\_\_ \*StarID: \_\_\_\_\_

## Receiver Information

A new form must be submitted for each person you are releasing your information to. This form will be valid for **two years** from the signed date. If you wish to rescind before then, please complete another form.

**I hereby authorize Pine Technical & Community College to release and/or verbally discuss private records described below about me to the following person(s):**

\*Name and  
date of birth  
(DOB): \_\_\_\_\_

\*Relationship  
to student: \_\_\_\_\_

## Records Information

\*The specific records covered by this release are: (select all that apply)

- Academic** (satisfactory academic progress: warning, suspension, or probation, petitions, exceptions, holds, etc.)
- Business Office** (tuition, fees, refunds, payment info, book charges, etc.)
- Conduct** (disciplinary, etc.)
- Financial Aid** (grants, scholarships, loan info, FAFSA, work study, etc.)
- Office for Students with Disabilities** (disability related information)
- Records** (grades, grade point average, unofficial transcript, admission status, demographic information, etc.)
- Registration** (drops, adds, withdrawals, course schedule, etc.)
- Library/Information Technology** (equipment and rental, STAR ID, student ID, etc.)



- Other - Please specify:**
- I rescind my previous authorization to release information to the individual noted above**

## Signature

By signing below, I signify my understanding of each of the following:

- I understand that the student records information listed above includes information that is classified as private under the Federal Family Education Rights and Privacy Act (FERPA) and the Minnesota Government Data Practices Act (MGDPA). Without my informed consent, PTCC cannot release the information described above because it is classified as private.
- I understand that by signing this Consent to Release Student Information form, I am authorizing PTCC to release to the person(s) named above information that would otherwise be private and not accessible to them.
- I understand that when my education records are released to the person(s) listed above, PTCC is not responsible and has no control over how they use the released records.
- I understand that, at my request, PTCC must provide me with a copy of any educational records it releases to the person(s) named above pursuant to this consent.
- I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time by completing a request.
- I understand this release **expires after two years** from the date I sign the form and that I must submit a new release form after two years if I wish to provide access to my private education records.

\*By signing this form, I/we certify that all the information reported on this worksheet is complete and accurate. **Warning: if you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed forms may be emailed to [records@pine.edu](mailto:records@pine.edu) or dropped off in person with the PTCC Records department in Suite 40B.*