



Records and Registration Office
7411 85th Avenue North
Brooklyn Park, MN 55445-2299
Tel: 763-424-0719
www.nhcc.edu

Release of Private Educational Data Form

I, _____, hereby authorize North Hennepin Community College (NHCC) to release and/or verbally discuss private education records about me in accordance with the conditions outlined below:

Information may be released to:

_____; (relationship to student) _____
_____; (relationship to student) _____

For the purpose(s) of: _____

Information to be released includes:

- checkbox All.
checkbox Information related to admission and demographic information.
checkbox Information related to special admission and transfer (PSEO, International Students, etc.).
checkbox Information related to academic performance, class attendance and grades.
checkbox Information related to financial obligations and financial aid eligibility.
checkbox Information related to appeals, petitions, concerns, and disciplinary action.
checkbox Other _____

By my initials, I signify my understanding of each of the following:

_____ I understand that the student information/records listed above includes information that is classified as private under the Federal Family Education Rights and Privacy Act and the Minnesota Government Data Practices Act. Without my informed consent, NHCC can not release the information described above because it is classified as private.

_____ I understand that when my education records are released to the persons named above, NHCC has no control over the use the person(s) named above make of the records that are released.

_____ I understand that, at my request, NHCC must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent.

_____ I understand this release expires one year from the date of receipt and that I must submit a new release form after one year if I wish to provide access to my private educational records.

_____ I understand that a photo ID card is required with this form, and must be submitted in person. This is to ensure that I have authorized this release.

Student Signature _____ Tech/Star ID _____

Effective Term/Year _____ Date _____

A photo ID is required. Submit completed form in person to: Office of Records and Registration, ES 70

Photo ID viewed: Yes or No Viewed By: _____ Date _____

Office Use Only: Received by Records and Registration _____ Date _____