

Hibbing Community College  
Authorization for Release of Information

The purpose of this disclosure is for academic planning and coordination of support services.

Student Name: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
LAST FIRST MI Date of Birth

I hereby authorize Jory Bowen and/or Donna Groettum, HCC counselors, to exchange, obtain or release the following information with my parents or guardians AND my high school:

\_\_\_ Educational Information \_\_\_ Health-Related Information \_\_\_ Recommended Accommodations

\_\_\_\_\_  
Parent or Guardian Name Address Phone Number

\_\_\_\_\_  
Parent or Guardian Name Address Phone Number

\_\_\_\_\_  
High School Name Counselor Name Phone Number

Acknowledgement of Understanding:

- This consent automatically expires upon the student's completion of academic work at HCC.
- I understand I may revoke this consent at any time by written notice, except when legal action prevents revocation (court confinement, parole, probation, etc.). However, any release made in good faith prior to receipt of revocation is deemed valid.
- I understand a photocopy of this authorization is treated in the same manner as the original. However, HCC reserves the right to require an original consent.
- I understand the protected health information disclosed or used in this authorization is subject to redisclosure by the recipient and may no longer be protected.
- I understand I may copy or inspect the information disclosed or used.

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

Parent/Guardian Understanding: I support and understand my child's participation in the Post-Secondary Enrollment Options (PSEO) program. As a parent or guardian, I assume responsibility for transportation to and from the college. I approve the release of the high school transcript to HCC and the release of HCC midterm progress reports, schedules and transcripts to the high school.

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date