



PSEO/CITS Authorization for Release of Information

Hibbing Community College
Student Services Offices
1515 East 25th Street
Hibbing, MN 55746
1-800-224-4422 or 218-262-7200
Fax: 218-263-2992

Last Name (Please print):

First Name:

Student ID# or Star ID:

I hereby authorize **Hibbing Community College** to obtain, release, and/or exchange information with my parents or guardians AND my high school:

Name of Parent or Guardian

Address City State Zip

The specific records covered by this release are (select with checkmark):

- All
- Educational Information
- Health Information
- Disability Accommodations
- Other _____

ACKNOWLEDGEMENT OF UNDERSTANDING:

- I understand that by signing this Informed Consent Form, I am authorizing Hibbing Community College to release to the persons named above and their representative information which would otherwise be private and not accessible to them.
- Upon fulfillment of the above stated purpose(s), this consent will automatically expire upon my high school graduation following the date of signature without my express revocation, unless otherwise specified.
- I understand that I may revoke this consent to release of information at any time by written notice, except when legal action prevents revocation (subpoena) However, any release made in good faith prior to receipt of revocation, shall be deemed valid.
- I understand that a photocopy of this authorization may be treated in the same manner as the original. However, HCC reserves the right to require an original consent.
- I understand that I may inspect or copy the information used or disclosed.

I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time.

- I understand that the student records information listed above includes information which is classified as private on me under Minn. Stat. 13.32 and the Federal Family Education Rights and Privacy Act.

Student Signature

Date