

**MINNESOTA WEST COMMUNITY AND TECHNICAL COLLEGE
STUDENT CONSENT INFORMATION RELEASE
FOR EMPLOYMENT**

I, _____, give _____
(Student) (Minnesota West Staff Member)

permission to discuss with and/or release to:

(Name of Employer or Person) Check for Any and All requests

(Company or Person Address)

information regarding my attendance, transcripts, grades, progress in school, work habits, and/or other educational related information that may be relevant. This release expires after one year from the date listed below or until I (student) withdraw my consent.

(Student Signature)

(Date)

(Minnesota West Staff Member Signature)

(Date)

An Affirmative Action Equal Opportunity Educator/Employer. ADA Compliant

Revised - 7/2/2008