



ASPIRE Authorization for Release of Information

Consent for Release of Information

The information in this document will be used for ASPIRE eligibility determination and if enrolled, for program planning and advising. The consent for releasing information will remain in effect until the student is deemed not eligible for ASPIRE; the student is no longer enrolled in ASPIRE (no more than four years from the date signed on this document), or; the Release of Information is revoked (a specific event terminating the release of information).

This authorization is voluntary and remains in effect until the date noted, unless a specific event has occurred, or it is specifically revoked by written notice to the agency or person. Any information disclosed prior to the written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, this information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

I authorize the release/exchange of information regarding, between

Student Name:
AND
ASPIRE at Dakota College at Bottineau 105 Simrall Blvd, Bottineau, ND 58318 ASPIRE@dakotacollege.edu
AND
Agency/Individual:
Address:
City, State, Zip Code:
Email:
Telephone:

Student Contact Information

Name (First, MI, Last):
Address:
City, State, Zip Code:
Email:
Telephone:
Date of Birth: ___/___/_____
Name of High School:
Graduation Year:
Gender:



ASPIRE Authorization for Release of Information

Parent/Guardian Name (First, MI, Last):
Parent/Guardian Address:
Parent/Guardian City, State, Zip Code:
Parent/Guardian Email:
Parent/Guardian Telephone:

Signatures

This consent for releasing information will remain in effect until: the student is deemed not eligible for ASPIRE; the student is no longer enrolled in ASPIRE (no more than three years from the date signed on this document), or; the Release of Information is revoked (a specific event terminating the release of information).

Student Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____