



# Postsecondary Enrollment Options Program

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, do hereby consent to  
and authorize

Mesabi Range College counselors to release the following information to my parents or legal guardian.

- academic progress / grades
- attendance
- comments / concerns expressed by professors
- semester progress reports

DATE OF BIRTH:

SIGNATURE:

DATE:

This consent allows the release of this information during any semester of enrollment at a postsecondary enrollment options student.