



SW ABE – Marshall Region
607 West Main, Marshall, MN 56258
507-537-7046 marshallabe@starpoint.net
www.southwestabe.org

Consent for Release of Private Information

I, _____, authorize the parties indicated below, having school, employment or other records about me, to release the records indicated below to SW ABE-Marshall Region. I authorize the exchange of information between these parties and SW ABE-Marshall Region if that information is needed to help in providing me with services under the program(s). I have also been informed that information about me is considered to be private under state and federal laws and must have my written permission to release. I have been informed that I am not required by law to sign this release, but if I do not, some information about me may not be able to be shared between the agencies listed without my further consent and the services I can receive may be limited or delayed.

I have been informed of the meaning of this release and that my signature on it amounts to a Waiver of any claim I might assert against any individual, organization, or SW ABE-Marshall. I authorize the following agencies to release and exchange information designated below about me, as needed to provide services to me under their various programs:

- SW ABE-Marshall
- MN Department of Employment and Economic Development
- Southwest Minnesota Private Industry Council
- MN West Community and Technical College
- SouthWest Minnesota State University

The following information may be shared with agencies with this signed release:

- Education Progress
- Test Scores
- Grades and attendance records
- Financial Information
- Enrollment Status
- Employment plan and or status

I understand that this authorization is in effect for one year from the date of signing.

Student's Name (Printed): _____ Birthdate: _____

SS#: _____

Student Signature

Date

ABE Representative Signature

Date