



A member of Minnesota State

Release of Information

Purpose: Student must sign an authorization form to enable us to release information to a third party.

I, _____,

(Print Name)

Hereby authorize the Truck Driving Program of Lake Superior College to release any records that would be beneficial in my quest for employment as a professional truck driver.

Please release my records to any employer seeking information as part of a pre-employment check.

(Signature)

(Date)

Family Rights of Privacy Act

Academic records are protected under the provisions of the Family Rights of Privacy Act of 1974. Students wishing to withhold public information under this law may contact the Registrar's office.