

Bemidji State University Authorization to Release Financial Aid and Student Billing/Payment Information

I authorize the Bemidji State University Financial Aid Office and the Business Services Office to orally discuss and/or release my financial aid and student billing/payment information to the person(s) indicated below:

<u>NAME</u>	<u>IDENTIFICATION CODE*</u>
Spouse _____	_____
Father/Stepfather _____	_____
Mother/Stepmother _____	_____
Other _____	_____

*The authorized named person above must be able to provide the identification code you have assigned them prior to any information being released.

I understand that this student information is classified as my private information under Minnesota Law and the Federal Family Education Rights and Privacy Act. By signing this informed consent form, I am authorizing the University to release to the person named above information which would otherwise be private and not accessible to them. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. **This consent expires after one year or until I withdraw my consent, whichever comes first.**

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Student's Name (please print)

Student ID Number

Student's Signature

Date

Please mail or fax this completed authorization form to: Bemidji State University,
Financial Aid Office, 1500 Birchmont Drive NE #14, Bemidji, MN 56601.
Phone: (218) 755-2034, 1-877-755-FAID Fax: (218) 755-4361