



**BEMIDJI**  
STATE UNIVERSITY

STUDENT AFFAIRS

**AUTHORIZATION TO RELEASE  
STUDENT INFORMATION**

I \_\_\_\_\_ (BSU ID#): \_\_\_\_\_ hereby authorize Bemidji State University to release and/or orally discuss the education records described below about me to: (print names of parents, guardians, individuals or organization)

\_\_\_\_\_  
Last Name First Name  
or Organization

\_\_\_\_\_  
Last Name First Name  
or Organization

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Relationship to Student

The specific records covered by this release are (select checkbox(s)):

- Student conduct records** (including drug and alcohol records)
- Advising records**
- Disabilities Services records**
- Student billing and financial aid**
- Grade reports** (at end of semester)
- Housing** (charges, credits, and itemized damage charges)
- Immigration status**
- Application process**
- Registration** (number of credit hours, add/drops)
- All of the above**

I understand that the student records information listed above includes information which is classified as my private information under Minn. Stat. § 13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Informed Consent Form, I am authorizing the University to release to the persons named above and their representatives information which would otherwise be private and not accessible to them.

I understand that, at my request, the University must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. 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. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

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

**Student Signature** \_\_\_\_\_ **Dated:** \_\_\_\_\_  
(Effective for one year after date)

**Return to: Records Office - Deputy Hall 101**  
**Bemidji State University, 1500 Birchmont Dr. NE #13, Bemidji, MN 56601-2699**