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                     Last Name                                  First Name
or Organization              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: Ms. Michelle Frenzel, Dean of Student Support Services, Interim
Bemidji State University, 1500 Birchmont Dr. NE #3, Bemidji, MN 56601-2699 or Deputy Hall 313

† Minnesota State Colleges & Universities ‡
218-755-2075 / Fax: 218-755-3961 / 313 Deputy #20, 1500 Birchmont Drive NE, Bemidji, MN 56601-2699
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