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)

<table>
<thead>
<tr>
<th>Last Name or Organization</th>
<th>First Name</th>
<th>Last Name or Organization</th>
<th>First Name</th>
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Relationship to Student: __________________________

Relationship to Student: __________________________

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

- [ ] Advising Records
- [ ] Application Process
- [ ] Disability Services records
- [ ] Grade Reports (at the end of the semester)
- [ ] Housing (charges, credits, and itemized damage charges)
- [ ] Immigration status
- [ ] Registration (number of credit hours, Add/drops)
- [ ] Student Billing and Financial Aid
- [ ] Student Conduct records (including drug and alcohol records)
- [X] 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: __________________________

(Student Signature is effective for one year after date)

Return to: Records Office - Deputy Hall 101
Bemidji State University, 1500 Birchmont Dr. NE #12, Bemidji, MN 56601-2699 or Email to records@bemidjistate.edu

‡ 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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Revised 07/09/2019