



RECORDS OFFICE

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)):

- 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)
- 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 #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
A member of The Minnesota State Colleges and Universities System Bemidji State University is an equal opportunity educator and employer.