



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):

- Student conduct records (including drug and alcohol records)
- Advising Records
- Accessibility Services records
- Student billing and financial aid
- Grade Reports (at end of semester)
- Housing (charges, credits, and itemized damage charges)
- Immigration status
- Application status
- 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 & Registration Office

email: [records@bemidjistate.edu](mailto:records@bemidjistate.edu) | Fax: 218-755-4409 |

or mail: Records Office - Deputy Hall 101 Bemidji State University, 1500 Birchmont Dr. NE #12, Bemidji, MN 56601-2699

‡ Minnesota State Colleges & Universities ‡

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