



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 or Organization	First Name	Last Name or Organization	First Name
_____		_____	
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 #20, Bemidji, MN 56601-2699 or Deputy Hall 313