

**Minnesota State College Southeast
Authorization to Release Student Information**

Student Name: _____ Student ID: _____
Last name, First name, Middle name

Authorization

I authorize Minnesota State College Southeast to release and/or orally discuss the education records as indicated below.

Name of Authorized Person	Relationship to Student
1. _____	_____
2. _____	_____

Type of Information Access

- Academic: (included but not limited to) grades, grade point average, enrollment, course selection, satisfactory academic progress.
- Financial Aid: (included but not limited to) Free Application for Federal Student Aid information, award amounts.
- Student Account: (included but not limited to) account balances, account charges, billing, payment.
- Disability: (included but not limited to) type of disability, accommodation needs, auxiliary aids.
- Other: Please specify: _____

Certification

I understand that the student records information listed above includes information on me which is classified as private under Minn. Stat. § 13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Authorization to Release Student Information Form, I am authorizing Minnesota State College Southeast to release to the persons named above information which would otherwise be private and not accessible to them.

I understand that, at my request, Minnesota State College Southeast 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. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

This consent expires after one year or until I withdraw my consent, whichever comes first.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Phone: _____

Signed: _____ Date: _____