

**Minnesota State University, Mankato
Student Financial Services and Office of the Registrar**

Authorization for Release of Information

Name _____ Minnesota State Mankato Tech ID No. _____

Address _____

City, State, Zip _____

Area Code and Phone No. _____

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the Minnesota Government Data Practices Act, and the University's policy on Access to Student Records, information about a student's account may not be released to a third party without the student's written permission. This includes a parent, spouse, sponsor, relative, organization, etc.

If you would like a third party to have access to information, please complete and sign this authorization and return to one of the following:

Campus Hub
Minnesota State University, Mankato
117 Centennial Student Union
Mankato, MN 56001

Office of the Registrar
Minnesota State University, Mankato
132 Wigley Administration Center
Mankato, MN 56001

If you are mailing this document, you will need to sign the form in front of a notary public (see below).

Additional forms are available if you are granting access to more than one third party. This authorization pertains to financial aid, payroll and billing data. Requests for information maintained by other offices must be made directly to those offices. This authorization form will be kept on file at the Campus Hub throughout the effective dates.

I, _____, do hereby authorize Minnesota State University, Mankato to release information
(print name) (please √ any or all boxes that apply)

Financial Aid information and data

Billing charges and payment information

Student payroll information

Registration (Enrollment/Grades/Academic Probation/Suspension
Unofficial/Official Transcripts)

from my student files to: (Provide name and address of person to whom information is to be released and that person or organization's relationship to you.)

Name of person/organization _____ Address _____

City, State, Zip _____ (relationship to you) _____

Indicate the purpose for the release of information: _____

* Please honor this authorization through _____ (Date). If no date is specified, this authorization will be honored throughout your enrollment or until you notify us in writing to cancel it.

Note: This authorization applies only to financial and enrollment records. It **does not** authorize access to medical/counseling records maintained by the University.

Student's Signature _____ Date _____

State of _____)

SS

County of _____)

**On this ____ day of _____ personally
appeared before me, whose identity was proved to me on the basis of
satisfactory evidence to be the person whose name is subscribed to this
instrument, and acknowledged that he executed it.**

Notary Seal:

Signature of Notary Public

A member of the Minnesota State Colleges and Universities System.
Minnesota State Mankato is an Affirmative Action/Equal Opportunity University.
This document is available in alternative format to individuals with disabilities by calling the
Campus Hub at 507-389-1866 (V), 800-627-3529 or 711 (MRS/TTY).

Staff approved _____ (Initials)

Data Entered _____ (Initials)