

## Alcohol and Drug Disclosure Authorization for Release of Information

This authorization pertains to disclosure of a student's violation of any federal, state, or local law or of any rule or policy of the institution, governing the use or possession of alcohol or of a controlled substance either on or off-campus.

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 from a student's record may not be released to a third party without the student's written permission. This includes a parent, spouse, sponsor, relative, organization, or other third party.

**If you would like a third party to have access to information about your alcohol and/or other drug involvements, please complete and sign this authorization and return it in person to the following:**

Campus Hub  
117 Centennial Student Union  
Mankato, MN 56001  
507-389-1866

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I, \_\_\_\_\_, do hereby authorize Minnesota State University, Mankato to release information related to alcohol and/or other drug violations of law or policy in my student records to:

Name of person/organization \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Please honor this authorization through \_\_\_\_\_ (Date). If no date is specified, this authorization will be honored throughout your enrollment. Authorization may be changed or revoked in writing at the Office of Student Affairs, 228 Wigley Administration Center.

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Additional forms are available if you are granting access to more than one third party.

Authorized parties may contact the Associate Director of Residential Life, 507-389-1011 to access this information in your conduct file if you live on campus.

Authorized parties may contact the Office of Student Affairs, 507-389-2121 to access this information in your conduct file if you live off-campus.

**If you are mailing this authorization, you will need to sign the form in front of a notary public.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

SS

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/she executed it.

Notary Seal:

\_\_\_\_\_  
Signature of Notary Public

Staff approved \_\_\_\_\_ (Initials)

Date Entered \_\_\_\_\_ (Initials)