

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

**Authorization for Release of Information**

Name \_\_\_\_\_ MSU Tech ID No. \_\_\_\_\_  
Social Security No. (If Tech ID not known) \_\_\_\_\_  
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)

- |   |  |
|---|--|
| <input type="checkbox"/> Financial Aid information and data | <input type="checkbox"/> Billing charges and payment information             |
| <input type="checkbox"/> Student payroll information        | <input type="checkbox"/> Registration Enrollment/Grades/Probation/Suspension |

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.

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 executed it.

Notary Seal:

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

MSU 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)