

MINNESOTA STATE UNIVERSITY MANKATO

Minnesota State University, Mankato, in compliance with federal law, recognizes the student or applicant has access to records/information Minnesota State University, Mankato has about him/her.

## **Information Release Authorization Form**

l,			n applicant or current student of
(Family/Last r	name) (Given/First n	ame) (Middle nai	ne)
Minnesota State Unive	rsity, Mankato authorizes	Kearney Center for Inter	national Student Services to communicate with:
			and/or;
(Family/Last name)	(Given/First name)	(Middle name)	Agency Name (SACM, KCO, etc.)
Please check the appro	opriate box (es):		
This may inclu	ıde, but is not limited to, co	ommunications about m	y application, admission decisions, account
information, s	student conduct issues, hea	alth and safety, academic	cs, or immigration issues. I expressly waive any
privacy rights	I may otherwise have unde	er FERPA. Such contact n	nay occur before, during, or after the program.
To share/rele	ase my original (or copies c	of) documents once thos	e documents have been processed by the relevant
Center for Int	ernational Studies personn	el. (Note: Original/copie	s of TOEFL scores from ETS and/or original IELTS scores
from the Briti	sh Council will NOT be rele	ased.).	
Relationship to you (i.	e. parent, friend, agent):		
Email Address (of auth	orized person):		
Cell Phone Number (o	f authorized person):		
Address (of authorized	l person) (include city, stat	e/province, country, and	zip code):
	fective until revoked in wri uted while this authorization	_	the University cannot retract or reclaim records that
I declare that I underst and complete.	and the conditions stated o	on this form. I confirm th	at the information provided on this form is true, correc
Signature:			Date:
MNSU Student Tech I.I	O (If applicable):		
Email address:		Telephone Nu	umber:
Please fill out one form	n per person authorized. F	orm must be signed in o	rder to be valid.

Mail completed form to: Kearney Center for International Student Services, 250 Centennial Student Union, Mankato, MN 56001 or FAX to: 507-389-2790