Educational Talent Search Authorization to Release Student Information

l,	, (student's name),	(student's ID #)
hereby authorize discuss the records described below about		_ to release and/or orally
Educational Talent Search program and its		inversity, iniarikato
The specific records covered by this releas	e are (select with checkmark):	
Financial Aid (FAFSA, Award Letter,	Loans, etc.)	
Registration (Enrollment Status, Dat	es, etc.)	
Grade Information		
Other – please specify:		

I understand that the student records information listed above includes information 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 Informed Consent Form, I am authorizing

______to release to Minnesota State University, Mankato Educational Talent Search program and its representatives, information which would otherwise be private and not accessible to them.

I understand that, at my request, must provide me with a copy of any educational records it releases to the Minnesota State University, Mankato Educational Talent Search program and its representatives 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. This consent expires after one year or until I withdraw my consent, whichever comes first. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

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

Signed: _____ Date: _____

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