Minnesota State University, Mankato Financial Aid & Scholarships | Registration and Academic Records | Student Financial Services

Authorization for Release of Financial and/or Enrollment 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 your financial and/or enrollment information, please complete and sign this authorization and return to: Campus Hub

Minnesota State University, Mankato 117 Centennial Student Union Mankato, MN 56001 Fax: 507-389-2227

If you are mailing or faxing 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 **does not** pertain to details regarding student conduct or disciplinary matters, residence hall conduct issues, medical, academic advising or counseling services records. 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.

(print name)	by authorize <i>Financial Aid & Scholarships</i> , <i>Registration and Academic Records</i> , and <i>Student Financial Services</i> staff at Minnesota State University, Mankato to release please $$ any or all boxes that apply)
 Financial aid information and data All billing charges and payment informatio Student payroll information from my Minnesota State University, Mankato information is to be released and that person(s) 	Third party to obtain student's Unofficial/Official Transcripts or DARS Report. student files to: (Provide name and address of person or persons at same address to whom
Name of person/organization	Address
	(relationship to you)
honored for one year after your last tern Note: This authorization applies only to finance	(Date). If no date is specified, this authorization will be n of enrollment or until you notify us in writing to cancel it. ial and enrollment records. It does not authorize access to details regarding student conduct ssues, medical, academic advising or counseling services records maintained by the
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
Notary Seal:	to this instrument, and acknowledged that they executed it.
	Signature of Notary Public
Minnesota Sta This document is av	ber of the Minnesota State Colleges and Universities System. te Mankato is an Affirmative Action/Equal Opportunity University. ailable in alternative format to individuals with disabilities by calling the Hub at 507-389-1866 (V), 800-627-3529 or 711 (MRS/TTY).

Data Entered _____ (Initials) Rev 03/24